

**Minutes of the Quality and Safety Committee**  
**held on 4<sup>th</sup> September 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  
Chief Executive

**In Attendance**

Howard Lawes  
Helen Cottee  
  
Kristin Dominy  
Kevin Conner  
Debbie Spaul  
Andy Johnston  
Jayne Hayes  
Katherine Godfrey  
Bina Mistry  
Emma Roberts  
Julie Thomas  
Rebecca Peterson

Deputy Director of Quality and Healthcare Governance  
Interim Clinical Director and Head of Psychology, SDAS -  
Specialist Drug and Alcohol SBU  
Service Director - Specialist Drug and Alcohol Service SBU  
Interim Service Director, Adults of Working Age SBU  
Head of Psychology, Liaison & Later Life SBU  
Clinical Director - Adult Acute Inpatient Services  
Clinical Director, Specialised and Secure SBU  
Trust Lead Occupational Therapist  
Chief Pharmacist  
Company Secretary  
Director for People  
Minute taker

**In attendance for part of the meeting**

Linda Hutchings

Head of Risk and Compliance

**Apologies**

Hazel Watson  
Arden Tomison  
Julie Hankin  
Roger Bullock  
Tony Caniff

Director of Nursing, Compliance, Assurance and Standards  
Medical Director  
Clinical Director, Redesign  
Clinical Director - Liaison & Later Life SBU  
NED member

2.	<p><b>Minutes of the meeting of 4 July 2012 committee</b></p>	
	<p><b>Agenda Item No 5- CQC Reviews</b></p> <ul style="list-style-type: none"> <li>Susan Thompson queried the wording in point 2 and felt it was not clear enough about non-compliance with regards to the physical environment. The following was added to the end of the bullet point: “with the exception of the physical environment”.</li> </ul> <p><b>Agenda Item No 10 – Nursing Strategy</b></p> <ul style="list-style-type: none"> <li>Susan Thompson asked for the wording to be changed in the last bullet point to make it a clearer understanding of what she said. Susan agreed to provide Rebecca Peterson with the wording.</li> </ul> <p><b>Agenda Item No 4 – Adult Acute Inpatient Services SBU Quality Improvement Report</b></p> <ul style="list-style-type: none"> <li>Andy Johnston stated he would like to add some wording to highlight the issue more clearly about the miscommunication between the SBU and the Risk and Compliance department regarding SUIs. Andy agreed to give Rebecca Peterson some wording.</li> </ul> <p><b>RESOLVED</b></p> <p>That with the above changes the minutes were agreed as an accurate record.</p> <p><b>Matters Arising:</b></p> <p><b>Agenda Item No 8 – Health, Safety, Security and Fire Report.</b></p> <ul style="list-style-type: none"> <li>Susan Thompson asked for each SBU to bring back what they felt were health and safety risks for their SBU over the next twelve months.</li> </ul> <p><b>Specialised and Secure:</b></p> <ol style="list-style-type: none"> <li>Lansdowne CQC review – there is still work being done to move Lansdowne to a new environment.</li> <li>Bank fill rates are impacting on SBU In-patient services, especially PICU, rehab, low secure and in particular Fromeside. A member of staff complained to the CQC about staffing on Fromeside and service users are concerned about getting access to their leave. Considerable management action is in place including a big recruitment drive. This is on the SBU risk register. Julie Thomas stated that there are some significant issues around the bank and it cannot respond to the demands that are being asked of it. She stated that each SBU needs to state to Hazel Watson what its needs are in relation to staffing issues and the bank can see if they can respond to this. Paul Miller highlighted that the Trust is currently looking to reorient the bank as appropriate. Andy Johnston highlighted that part of the rationale of bank was to put displaced staff on it to help fill</li> </ol>	<p><b>HL</b></p> <p><b>ST</b></p> <p><b>AJ</b></p>

vacancies across the Trust. Julie Thomas confirmed that this issue would be discussed at the Employee Strategy and Engagement Committee. Tony Gallagher agreed that this would be appropriate because of the safety aspects that may arise.

Tony Gallagher highlighted that he would be meeting with Paul Miller and Lee O'Brien to action this as soon as possible as there are numerous issues and the CQC report states that the vacancy situation is a potential safety issue.

**TG**

- 3) There have been 2 unexpected deaths on the female PICU this year which is now going through a rapid improvement plan.

#### **Adults of Working Age Community Services SBU:**

- 1) Extended working hours will be rolled out - extra working hours are an issue for staff who are used to working 9-5pm, the SBU is concerned of the implications of this and it is being addressed as necessary.
- 2) Recruitment issues which are having an impact on staff health/mental Needs/pressure – the SBU is sighted on this and is taking action.

#### **Adult Acute Inpatient Services SBU:**

- 1) Provision of extra care areas on all wards, some wards have them and some do not. It is critical that there is an area on each ward which has defined levels of space for service users with challenging behaviour.
- 2) The Prevention and Management of V&A training. 95% staff need to undertake this training. There is a process with ATOS and HR for those staff who the SBU do not feel are fit enough for this training. This is currently on the SBU risk register. Susan Thompson stated that if there is still an issue with this training this needs to be picked up.
- 3) In Swindon responsibility for the 136 suite transferred to in-patients without any additional resources. More generally concerns about the 136 suite are on-going and are unresolved. Paul Miller noted that there were emerging concerns in Bristol regarding capacity. Discussions are in hand with the police and commissioners.

#### **SDAS SBU:**

- 1) The SBU is engaged in significant tendering activity and this involves tendering for services that will be delivered in other environments such as prisons and outside of AWP traditional boundaries.
- 2) SDAS is required to use the case load management and data tool commissioned by the local commissioner (eg. Thesius for Bristol, Illy in Wiltshire) as well as use RIO, staff therefore, have to double enter all clinical activity.
- 3) KD asked the committee to be mindful of the issue of redesign and the impact that the holding of vacancies can have on all SBUs. She asked if recruitment and staffing was to be reviewed on a broader level, consideration should be given to the fact that a one size solution would not necessarily meet all needs.

	<p><b>Liaison and Later Life SBU:</b></p> <ol style="list-style-type: none"> <li>1) Clinical and financial risk associated with non fill of Bank shifts. High level of complex needs on L3 wards. Staff gaps are increasing difficult to fill. There is insufficient staff available on the Bank. Lack of continuity and gaps in staffing are unacceptable clinical risks. Higher use of Thornbury is a financial risk.</li> <li>2) Environmental risks associated with Charter House which is a poor estate, not fit for purpose and has additional problems of mould/spores under the flooring which may be causing health issues. This is being monitored by Estates and Health and Safety and the SBU is waiting for an ATOS report on the health of a member of staff which may be related to these issues. Paul Miller stated that there are plans in place to move people out of Charter House and the Trust is working with NHS Wiltshire on a planned closure. He stated that if need be, there will be an emergency closure.</li> </ol> <p>It was agreed that Howard Lawes would co-ordinate where all the different issues are going/being managed and report back to the next committee meeting.</p>	<b>HL</b>
<p><b>4.</b></p>	<p><b>CQC Reviews:</b></p> <ul style="list-style-type: none"> <li>• <b>Community Services</b></li> <li>• <b>Callington Road</b></li> </ul>	
	<p>The Committee <b>received</b> and <b>considered</b> these reports presented by Howard Lawes, Deputy Director of Quality and Healthcare Governance.</p> <p>The Care Quality Commission (CQC) is undertaking a series of planned reviews of all the Trust`s eighteen registered sites. Since the last report to the committee in March 2012 on this process the CQC has completed further planned reviews at Callington Road and Trust Headquarters (Community Services).</p> <ul style="list-style-type: none"> <li>• Callington Road was one of the most intensive inpatient reviews that has been undertaken by the CQC and took over two days to complete. All three SBUs at Callington Road were part of the review which had a very positive outcome.</li> <li>• The review came out as fully compliant and there was some extremely positive feedback from the inspectors about how well they thought Callington Road was performing. It was not issued with any required improvement actions.</li> <li>• The Community Services review took place over two weeks. The team of inspectors reviewed eleven separate teams. They reviewed five outcomes and the Trust was compliant with Outcome 7 (Safeguarding) but not compliant with Outcome 1 (Respecting and involving people who use the services), Outcome 4 (Care and Welfare of People who use the Services), Outcome 13 (Staffing) and Outcome 16 (Assessing and monitoring the quality of services).</li> <li>• The key concerns that the CQC found were around care planning and staffing. The CQC judged that the lack of compliance in these outcomes was having an actual or moderate impact on service users.</li> </ul>	

	<ul style="list-style-type: none"> <li>Kevin Connor highlighted that the action plan will be reviewed on a weekly basis at the SBUs SMT meeting and on a monthly basis at their quality meeting. He felt that the outcome from the CQC was reasonable and the work the SBU is undertaking to deliver against the plan of action is what was expected.</li> <li>The CQC inspectors were informed before they undertook the inspections what that they would expect to find in the reviews. Howard Lawes felt that there is no doubt that this mitigated the actions that the inspectors took at the end of the reviews and the lead inspector stated that if the Trust had not been so upfront and shown awareness of the issues, they would have issued the Trust with an enforcement notice.</li> <li>Susan Thompson felt reassured that nothing unexpected arose from the inspection and felt that it showed that as an organisation, we understand the issues and risks. She asked if the SBU would be expecting a similar pattern in the other community teams that have not been inspected by the CQC. Kevin Connor stated that the CQC picked a mix of sites to inspect across the areas and felt it was reasonably represented of community services as a whole.</li> <li>Susan Thompson highlighted her concerns about the serious issue of staffing levels and the ability to provide staff supervision. She also asked if any of the teams inspected were using the Recovery Star. Howard Lawes noted that the CQC had seen the Recovery Star in use in two teams. There is a plan to roll it out as appropriate.</li> <li>Paul Miller highlighted to the committee that he had met with Andy Sylvester and Hazel Watson as he was concerned that the Adult Community SBU did not have the support of a Clinical Director at this stage which is a risk and expressed that this will be resolved within a matter of days.</li> <li>Susan Thompson highlighted the section on accountability in the action plan and that she wanted to understand how the accountability works within the action plan in relation to the clinical development leads. Kevin Connor stated that there is a team of individuals working at service manager level that report to a quality lead who reports to him.</li> <li>Tony Gallagher stated that if a service user cannot see their care plan and had not been involved then this is a proxy for the service and he wanted evidence that this will change. Kevin Connor highlighted this should improve as we move forward but it will take time. Susan Thompson was concerned that we did not have this time. Kevin stated that other Trusts were in the same place and our Trust has recognised this and is focused on improving.</li> <li>Susan Thompson asked if a peer review is a good idea. Kevin Connor stated that a peer review would be very helpful but felt that we would need to be more stable first.</li> </ul> <p><b>RESOLVED</b></p> <p>That the reports were <b>noted</b>.</p>	PM
5.	<b>CQC Outcome 1 – Respecting and involving people who use the services</b>	
	<p>The Committee <b>received</b> and <b>considered</b> this report presented by Kevin Conner, Interim Service Director, Adults of Working Age SBU.</p> <p>This report contains details of assurance processes (internal and external) and</p>	

	<p>actions taken by the Adult Community SBU to ensure the quality and safety of its services with regard to CQC Outcome 1.</p> <ul style="list-style-type: none"> <li>• The report contains the internal assurance process and the results of CQC inspection and the action plan of the work that is being taking forward.</li> <li>• Tony Gallagher stated that he felt that the service user and carer involvement statement on page 9 was not specific enough about service user and carer involvement being core to what the Trust is doing and stated that he would like the paragraph to be more specific.</li> <li>• Kevin Connorstated that the community care forums have been struggling to get people interested in attending and felt that anything that could be done to help with this would be useful. Howard Lawes noted that this was being addressed by the Service User and Carer Engagement Steering Group.</li> <li>• Susan Thompson highlighted item 4, page 8 about collaborative care planning, and asked if she should be assured that caseload supervision is enough to manage what is proposed. Kevin Connorstated that this is being audited and there are currently audits in place that have been undertaken by the quality team. Susan asked if NCAS are involved in compliance. Kevin stated that he had discussed this with Alan Metherall and Sarah Jones are doing spot audit checks he will ask Alan for an update on this. Susan felt that SBUs should be supported in this sort of activity. Howard Lawes offered assurance that Alan Metherall is offering that support to the SBUs in a variety of different ways.</li> </ul> <p><b>RESOLVED</b></p> <p>That this report was <b>noted</b>.</p>	<b>KC</b>
6.	<p><b>CQC Outcome 4 Care and Welfare of People who use the Services – community services</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> the report presented by Kevin Conner, Interim Service Director, Adults of Working Age.</p> <p>This report contains details of the assurance processes (internal and external) and actions being taken by the Adult Community SBU to ensure the quality and safety of its services with regard to CQC outcome 4.</p> <ul style="list-style-type: none"> <li>• In relation to the action on page 8, where team managers/senior practitioners will scrutinise a number of RIO clinical records, Tony Gallagher noted that NCAS could support this.</li> </ul> <p><b>RESOLVED</b></p> <p>That this report was <b>noted</b>.</p>	
7	<p><b>CQC Outcome 11 Safety, Availability and Suitability of Equipment including performance against safety alerts</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> the report presented by Linda Hutchings, Head of Risk and Compliance.</p> <p>This report provides a detailed review in respect of the Trust`s management of medical devices and safety alerts.</p> <ul style="list-style-type: none"> <li>• There are two reports to provide evidence against the standard: the</li> </ul>	

	<p>annual assurance report on medical devices and the annual assurance report on safety alerts.</p> <ul style="list-style-type: none"> <li>• A significant issue to report in relation to medical devices has been rolled out in all inpatient areas the F2 system. The robustness of our cleaning regimes led to some asset degradation which confirms that cleaning regimes are excellent, but action is ongoing to replace the asset tags.</li> <li>• Significant progress has been made in terms of improving the provision of equipment following the big investment programme that happened the previous year particularly in relation to vital signs monitors and replacing the preferred model of the defibrillator within the Trust.</li> <li>• In terms of the safety alert report, overall performance has been very good. The asset register has helped us in being able to target relevant alerts.</li> <li>• Within both reports there are objectives for that which we are working with for the forthcoming year.</li> <li>• Susan Thompson stated that it was a good clear report.</li> </ul> <p><b>RESOLVED</b></p> <p>That this report was <b>noted</b>.</p>	
8.	<p><b>Progress Report on Service Redesign</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> the report presented by Kevin Conner, Interim Service Director, Adults of Working Age.</p> <p>This report outlines the progress being made by the Trust to implement the redesigned model of community services. The report contains details of the assurance processes and actions being taken by the Operations Directorate to ensure the quality and safety of its services. Kevin Connor highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Vacancies – prior to implementation vacancies were held across teams to minimise the risk of redundancies. This meant that some new teams could not start with a full complement. Vacancies are actively monitored and managed. The SBU reports to the Director of Operations on these matters.</li> <li>• North Bristol is in much better place than it was in terms of the management capacity and the work that is being done in the teams.</li> <li>• In relation to the concerns about the Bristol Primary Liaison team and its capacity, Kevin stated that the SBU has been working through this. He highlighted that Alan Metherall produced a report on this which will go the Trust Wide Management Group tomorrow which will raise the issues and the actions that need to be taken.</li> <li>• Paul Miller highlighted section 4.1 that states that the Trust is completely committed to the post- implementation review, in October 2012 and May 2013.</li> <li>• Katherine Godfrey highlighted the work that the Professional Council is doing as part of the clinical engagement work and that it will be looking at why people felt very engaged at the beginning of the process but disengaged at the end. She stated that she was looking at what went wrong and what lessons could be learnt from this and would update the committee at the next meeting.</li> <li>• Tony Gallagher highlighted the point about change and stated that if there are changes to be made within the Trust they need to be made quicker</li> </ul>	<p><b>KG</b></p>

	<p>and people need to be involved.</p> <ul style="list-style-type: none"> <li>• Jayne Hayes stated that on the first page of the report, bullet points 5 and 6 did not make sense. She highlighted that if someone needs specialist treatment in the community, the specialist team will be called in and will work with the care coordinator in the community. She felt that this is not the way it is written in the report and that it could lead to confusion. Kevin Connor agreed to change the wording.</li> <li>• Susan Thompson highlighted the sentence about the Primary Care Liaison Service and asked if were putting a system in Bristol that nobody actually wants. Kevin Connor stated that he felt it is not necessarily that Bristol do not want a primary care liaison service and that it was more likely to be about the structure of the service rather than the service itself. Susan asked about referrals and felt that if the structure was different could it be a risk and also asked if this was a capacity or a redesign issue. Kevin Connor stated that there is a piece of work taking place in October to look at the different patterns of referral around GP's, and that he felt it would be useful to have the data and to have some discussions from the findings.</li> <li>• Paul Miller highlighted that Malcolm Sinclair is working closely with stakeholders in Bristol and listening to their views and feedback. He stated that the Board are very willing to be accommodating and look at the conversations going forward. There will be discussions before a new model is agreed. He stated that he and Tony Gallagher had met with the PCT Board members and chief executive and there will be another meeting with them this month</li> </ul> <p><b>RESOLVED</b></p> <p>That this report was <b>noted</b>.</p>	<p><b>KC</b></p>
<p><b>9.</b></p>	<p><b>Fit for Future – review of action status and assurance of progress</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> this report presented by Howard Lawes, Deputy Director of Quality and Healthcare Governance.</p> <p>The Fit for The Future Plan has been developed by the Executive Team to respond to the recommendations of the Strategic Health Authority independent report and review. It also reflects the work that the Trust was undertaking through 2011 including the development of earned autonomy for its Strategic Business Units to change the way we work and rise to the challenge of the future.</p> <ul style="list-style-type: none"> <li>• The majority of the actions are green. There are some amber actions around the work of the Professional Council.</li> <li>• Paul Miller highlighted point 3.1 on page 5, regarding the clinical engagement strategy and stated that the framework of the strategy was presented to the September Board and the full strategy will go to the Board in November.</li> <li>• Paul Miller highlighted point 8.2 on page 11 around the electronic incident reporting in RIO and stated that this will be closed off by the end of September 2012. He explained that current BT contract does not allow for the integration of two system and that there is some work being done around this but contractually it cannot be closed off at the moment.</li> <li>• Helen Cottee asked what was happening about electronic recording. Howard Lawes stated that the project is being managed by the Safeguard Project Board. A live pilot of the new electronic reporting system will start</li> </ul>	

	<p>at Callington Road and if it goes well would be rolled out across the Trust.</p> <ul style="list-style-type: none"> <li>• Tony Gallagher highlighted point 7.1 and stated that it was good to see that the July report showed some improvement in CPA with a green rating and stated that to keep it green we will need to see a continued improvement.</li> </ul> <p><b>RESOLVED:</b></p> <p>That the report was <b>noted</b>.</p>	
10.	<p><b>Service User and Carer Engagement Plan Report</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> this report presented by Howard Lawes, Deputy Director of Quality and Healthcare Governance.</p> <p>This report provides an update on the work of the Service User and Carers Engagement Steering group and the implementation of the steering group`s involvement improvement action plan.</p> <ul style="list-style-type: none"> <li>• The Service User and Carer Engagement Steering group is a sub committee of the Quality and Safety committee. The group is working towards getting the membership on the group to be 50% service users and carers and 50% staff. Howard stated that initially there had been significant challenge from service users and carers about the Trust`s commitment to be more open and collaborative. This is gradually changing as active partnership has developed.</li> <li>• Kristin Dominy felt that service users who have positive experiences are challenging those service users who are more cynical about the Trust`s commitment.</li> <li>• Susan Thompson asked how the service users and carers were identified that attended the steering group and felt that as a Trust it needs to be wary of scepticism and that if is involving service users and carers it is doing it in a clear way so it does not look like it is picking and choosing people. She stated that we need to look at the resources that we have to be more open in choosing who is involved.</li> <li>• Howard Lawes stated that when the group was formed certain service users and carers were asked to join the group in order to begin the work as soon as possible. However, it is the aim of the Trust to develop a much more inclusive process and widen the range of service users and carers involved. The co-production event on the 2 October 2012 is a key event in this process.</li> <li>• Tony Gallagher asked Howard Lawes and Peter Greensmith to come back to the November committee with some feedback from the event on the 2 October.</li> <li>• Julie Thomas highlighted item 13 on the recovery model and stated that when the model was discussed at EMT it was clear that the Trust did have a recovery model in place so she felt surprised to see it mentioned in the report in this way. Howard Lawes stated that this wording came out of the SUNS recommendations. Julie felt that the wording should be stronger about the philosophy that is in place and asked if the wording could be strengthened as she felt that it looked that the Trust had not done any work on it. It was agreed that Howard discuss this with Julie outside the meeting.</li> </ul>	<p>HL</p> <p>HL/PG</p> <p>HL/JT</p>

	<p><b>RESOLVED:</b></p> <p>That the report was <b>noted</b>.</p>	
<b>11.</b>	<p><b>Revised Controlled Drugs Report</b></p>	
	<p>The Committee <b>received</b> and <b>considered</b> this report by Bina Mistry, Chief Pharmacist.</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 implemented in the Trust, as well as highlighting areas of concern.</p> <ul style="list-style-type: none"> <li>• It is an amended report summary as the previous report did not have a summary about the monitoring of controlled drugs. This has been added in section 3.3.</li> <li>• Bina highlighted section 3.3.1 to the Committee and stated that the law on controlled drug prescribing has changed to allow the prescribing of all controlled drugs by independent prescribers.</li> <li>• She highlighted that the report on page 11 is confidential and not in the public domain but wanted to give the Committee the opportunity to see what drugs are prescribed. There is a concern around the quantity of controlled drugs particularly around Diazepam which is currently being looked into. She stated that the data has only recently been made available so she can now undertake a more detailed review of the trends.</li> <li>• She highlighted that there are fewer concerns on the prescribing issues than on storage and will be feeding the results of the first two quarters storage audit to the clinical directors to action.</li> </ul> <p><b>RESOLVED:</b></p> <p>That the report was <b>noted</b>.</p>	
<b>12</b>	<p><b>Any Other Business</b></p>	
	<ul style="list-style-type: none"> <li>• No other business was discussed.</li> </ul>	
<b>14.</b>	<p><b>Date of the next meeting:</b></p> <ul style="list-style-type: none"> <li>• Quality and Safety Committee meeting – 8<sup>th</sup> January 2013 – Conference Room, Jenner House, Chippenham</li> </ul>	

Dates of future meetings	Time	Venue	Committee papers to be received by Rebecca Peterson for distribution
8 <sup>th</sup> Jan 2013	1-4pm	Conference Room, Jenner House	28 <sup>th</sup> December 2012
5 <sup>th</sup> Feb 2013	1-4pm	Conference Room, Jenner House	25 <sup>th</sup> January 2013
5 <sup>th</sup> March 2013	1-4pm	Conference Room, Jenner House	22 <sup>nd</sup> February 2013

9 <sup>th</sup> May 2013	10am-1pm	Conference Room, Jenner House	30 <sup>th</sup> April 2013
2 <sup>nd</sup> July 2013	1pm-4pm	Conference Room, Jenner House	21 <sup>st</sup> June 2013
3 <sup>rd</sup> Sept 2013	1pm-4pm	Conference Room, Jenner House	23 <sup>rd</sup> August 2013
5 <sup>th</sup> Nov 2013	1pm-4pm	Conference Room, Jenner House	25 <sup>th</sup> October 2013

