

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

Minutes of the Quality and Safety Committee

Held on 13th March 2013 at 1pm in the Conference Room

These Minutes are presented for Information

Members Present

Tony Gallagher Susan Thompson Ruth Brunt Hayley Richards Hazel Watson	Chair & NED member NED NED Medical Director Director of Nursing, Compliance, Assurance and Standards
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In attendance

Helen Cottee Justine Faulkner Katherine Godfrey Ann Tweedale Linda Hutchings (part of the meeting) Jill Emerson (part of the meeting) Mark Dean (part of the meeting) Carol Bowes (part of the meeting) Mike Ball (part of the meeting) Ray Tarling (observer) Rebecca Peterson	Interim Clinical Director and Head of Psychology SDAS SBU Interim Clinical Director, Adults of Working Age Chair of Professional Council Head of Quality Information and Systems Head of Risk and Compliance Consultant Psychiatrist Head of Safeguarding Service Director for Specialised & Secure Services Associate Director of Finance Advisor, DAC Beachcroft LLP Minute taker
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Item	Action
1. Apologies Bina Mistry, Chief Pharmacist Iain Tulley, Chief Executive Paul Miller, Director of Finance	

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<p>Emma Roberts, Company Secretary Tony McNiff, NED Roger Bullock, Clinical Director, Liaison & Later Life SBU Andy Johnston, Clinical Director, Adult Acute Inpatient Services SBU Patrick Knowles, Interim Director of Operations Jayne Hayes, Clinical Director, Specialised & Secure SBU Jane Britton, FT Director Howard Lawes, Deputy Director of Quality and Healthcare Governance</p>	
<p>2. Minutes of the meeting of the 5th February 2013 committee:</p> <ul style="list-style-type: none"> • To change the figures around in bullet point 9, agenda item no 4 Annual Assurance Report on CPA. <p>RESOLVED:</p> <p>That with the above amendment the minutes of the 5th February 2013 were agreed as an accurate record.</p> <p>Minutes of the meeting of the 13th February 2013 committee:</p> <p>The minutes were agreed as an accurate record of the meeting apart from one item in relation to the Specialist commissioners review of Cistern Ward. ST will provide the wording for the correct minute.</p>	ST
<p>3. Matters Arising Action Log</p>	
<p>The first item Clinical Directors safety risks 06/11/12 is to stay open. The due date is to be updated by Hazel Watson.</p> <p>Service user and carer engagement plan is being received at the service user stakeholder group this week and will come to the next meeting of this committee</p> <p>The annual CPA report remains to come back to the committee.</p> <p>Carol Bowes, Service Director for the Specialised and Secure Service updated the committee on the issue of potential CCQ compliance in medium and lower secure</p>	<p>HW</p> <p>HW</p> <p>AM</p>

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<p>units on behalf of Jayne Hayes as follows:</p> <ul style="list-style-type: none"> • The detail around employment and access to people using leave has been looked at within the low secure unit. The same actions have been put in place in the Wickham Unit as in Fromeside. A full skills mix has been completed and more substantive posts created. Additional resources have been put in place to support teams where the level of sickness is high. • Tony Gallagher asked if these issues would have been recognised had they not been raised at Fromeside. Carol Bowes stated that they would have been recognised through the cohort service changes that had been set up in the higher independency service which is now taking patients with challenging behaviours. The SBU has been looking more widely at the care within the service and thinking at a wider level. She highlighted that the issues raised at Fromeside had made the SBU look at Wickham in more detail. • Susan Thompson asked if there had been the same issues from service users at Wickham about access to leave and if the unit have similar concerns. Carol Bowes stated that the unit works as a social inclusion model which has a very large therapy structure outside the unit so there are not the same issues with leave. • Susan Thomspson asked if there were any issues arising from patient forums within Wickham about any holistic care issues. Carol Bowes confirmed that none had been raised and stated that she felt reassured that if the CQC visited the Wickham unit they would get a positive experience from the service users. • Tony Gallagher asked that if some of the types of service users coming into the service was changing, how is this monitored as their care needs and environment would need to be different. He stated that he wanted assurance that this is measured. Carol Bowes stated that the Wickham unit is funded on a cost per case basis and that if the unit does not reach a certain level of occupancy it does not get funding. She highlighted that when Fromeside opened there was a large number of patients waiting for low secure services so when Wickham was opened it was filled very quickly. She stated that because the cohort of service users has changed everything is being looked at differently, i.e., staff skills mix and staffing numbers. • Carol Bowes highlighted that the other issue within the Wickham unit is that when staff find work within the medium secure unit difficult they tend to move over to the low secure unit where the work is less demanding. She stated that control was being taken over sickness absence and medical redeployment. • Hayley Richards highlighted that it would useful to do a periodic annual review through PBR and HONOS data. It was agreed that Hayley would action this. • Tony Gallagher stated that he felt assured that changes were being reflected and looked at and asked for an update to come back to the committee when there was an implementation plan in place. 	<p>HR</p> <p>CB</p>
4. Annual Safeguarding Report	
The purpose of this report is to assure the committee in relation to the delivery of safeguarding in practice and to inform of any current key issues and risks and planned	

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<p>actions to address them. Mark Dean, Head of Safeguarding highlighted the following:</p> <ul style="list-style-type: none"> • Key issues and risks have been highlighted and there will be specific action plan relating to serious case reviews put in place. • Susan Thompson highlighted that she felt the report was a helpful overview on activity around the role and that the process around what the Trust is doing is positive around safeguarding adults at risk and the increased capacity at work. However, she stated that the report did not give her assurance about how the trust is responding in light of the safeguarding issues raised by the CQC and that it did not give her a flavour of the safeguarding concerns that had been raised in the provision of services. • Susan Thompson highlighted bullet point 4 on page 8 of Appendix 1 that states “The need to ensure effective triangulation of data and intelligence to identify themes and hot spots” and asked what is being done about this and if the arrangements around safeguarding were contractually based. She also asked that in terms of having some clarity around governance what is being done. • Susan Thompson highlighted bullet point 2 on page 9 of Appendix 1 that states “The Safeguarding team and lead professionals will move into line management within the new operation structures....from the 1st April 2013” and asked how this is going to work and where is the assurance in understanding how the Trust effectively managed the safeguarding risks within the last twelve months and how this is being taken forward. • Ruth Brunt highlighted that she felt as a new member of the committee she had found it difficult to get an overview from the report of any issues around safeguarding over the last year. She stated that there should be a review of what the trust is trying to do before the report goes into the more descriptive part. She highlighted that it would be helpful to have some metrics within the report to make it clearer. For example, the report stated that training rates have been 75% but it is not clear if this is good, bad or meets the target that has been set. • Ruth Brunt asked if there was need to have two separate reports on Safeguarding Children and Safeguarding Adults. Mark Dean stated that yes they did need to be separate as they are looked at externally. • Tony Gallagher stated that he felt that the summary did not highlight if the report was an annual or assurance report. He also felt concerned that the report had not gone through the correct management diligence before it came to the committee. He asked for the report to be deferred to the next meeting as he would like to see more clarity about assurance and to know what the quantification of this assurance is. • Hazel Watson stated that the Board will receive an annual safeguarding report and the Trust will expect the local area management teams to work with the Children and Adult Safeguarding teams at a more local level. She highlighted that the organisation will be in a better position to provide assurance when there are better systems in place. Hazel stated that the whole way that safeguarding is considered will change in the new financial year and through the new systems we will be able to get more comprehensive information. The 	<p>MD</p>

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<p>committee felt it would be useful to highlight this in the report.</p> <ul style="list-style-type: none"> • Tony Gallagher stated that the key issue that had come out of the integration of safeguarding into the new localities is the need to decide how the organisation keeps control of it and asked that in terms of governance is the level of quality what is required within the teams and who would be co-ordinating this. Mark Dean stated that there are some internal metrics and external report metrics that can be added into the report. He highlighted that the multi-agency board metrics are not well developed and are being worked on at the moment. The Safeguarding Children's board is still at an early stage of development. • Susan Thompson highlighted the clarity of benchmarking and that it would be useful to see what the Trust is seeking to achieve and to be able to look back and see if it has been done. She felt it would be helpful to understand how this would be delivered. She asked what the expectations will be of the organisation in delivery and improving its safeguarding so that the Board can measure this. Hazel Watson stated that plans and issues are being handed over to the new local area teams and there is a clear expectation of how these are handed over. <p>RESOLVED</p> <p>It was agreed that a refreshed report considering the above feedback deferred to the next committee meeting.</p>	MD
<p>5. Annual Report on ECT Standards</p>	
<p>This is an annual report on the delivery of electroconvulsive therapy within the Trust and outlines both service delivery and clinical quality issues relating to the delivery of ECT. Jill Emerson, Consultant Psychiatrist presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Both ECT teams were assessed during 2012 in relation to ECTAS standards, both teams were accredited with excellence. • It was noted that there have been medical staffing issues, but ongoing quality and activity monitoring is being maintained and actions addressed to ensure service quality standards. The unit has managed cover using locums and ensured it has always been fully staffed.. This issue will hopefully be resolved in the near future. • There have been no complaints. There have been three episodes of praise. • Hayley Richards asked that with the move to locality refigurations would this have an impact. Jill Emerson stated that because of the locality shifting at Green Lane it will come under the Wiltshire locality and Callington Road will come under the Bristol locality which will mean the day to day management will go back to Bristol. • Ruth Brunt asked if anything could be read from the past years data and if there were any trends? Jill Emerson stated that it was difficult be clear on any themes as usage is very seasonal. She highlighted that there had been a slight upward trend recently and an increase of numbers as ECT had become 	

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<p>higher profile and people had more faith in it. She stated that the units were being asked to do more assessment and that there is some evidence of growth in this area.</p> <ul style="list-style-type: none"> Susan Thompson stated that it was good to see that both units had been accredited with excellence and asked if an audit was undertaken around consent and capacity and how many patients may be incapacitated. Jill Emerson stated that patients are only treated with their consent. Susan Thompson felt it would useful to note within the report that the patients were not being treated under the Mental Capacity Act. <p>RESOLVED:</p> <p>That the report was noted.</p>	JE
6. Annual Report on Executive Led Patient Safety Visits	
<p>This report confirms the systems and processes surrounding executive led patient safety visits are robust and that they continue to be valued by both executives and staff. Linda Hutchings, Head of Risk and Compliance presented the report and highlighted the following:</p> <ul style="list-style-type: none"> Each visit report leads to a generation of recommendations. An internal audit review has been undertaken which validated that the systems and processes in place are robust. This was discussed at the Trust Wide Management group and a work plan has been put in place to take this forward. No significant risks have been identified this year, however recommendations to improve quality and safety have been made that have either been dealt with or are being dealt with. Susan Thompson stated that she felt it was a helpful report but that she did not agree with the proposal on page 5 to reduce the frequency of visits to one per Executive per quarter. She highlighted NED involvement was helpful for feed back directly to the Board and felt that the Non Executive Directors should be doing more rather than less. Susan Thompson stated that there had been no indications that these visits had not been helpful and felt that they should not be sufficiently formal. Information is fed back from the visits to Linda Hutchings and it was felt that there may be a need to think more creatively about the new quality information systems and how the visits are fed back into the system to make them less onerous. Susan felt it was important that there was a structure to a visit and that having a programme where a Non Executive Director can visit is important. Tony Gallagher stated that the Trust has 60 sites and 6 Non 	

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<p>Executive Directors so would expect one Non Executive Director to do one per quarter.</p> <ul style="list-style-type: none"> • Ruth Brunt asked how many of these visits were to non bedded units and suggested targeting a visit over one issue rather than using the same questions. She agreed that the visits from Non Executive Directors should not be decreased and felt that there was a need to think about how it can be assured that the right topics and areas are being covered. Linda Hutchings highlighted that the programmes do cover all the settings that care is being delivered in and that each visit is accompanied by a portfolio of information including any complaints or incidents. • Ruth Brunt asked how a culture could be created where people saw the visits as a positive experience and that the visits were also about being interested in the way that staff were working. Tony Gallagher agreed with this. Linda Hutchings highlighted that staff did not complain about the visits but may feel they are visited more as the Non Executive Directors and Executive Directors will often go and visit another ward while at the site which would therefore be unplanned. • Hazel Watson highlighted that the Board has a formal agenda item to discuss this in further detail. • Hayley Richards felt that there was a need to look at the visits in a different way if the recipients were feeling onerous and that this should become business as usual. <p>RESOLVED</p> <p>That the report was noted.</p>	
<p>7. Policies for approval</p>	
<p>Quality Impact Assessment Policy.</p> <p>This policy provides a framework that enables the Trust to make systematic assessments of the impact of cost improvement schemes and other plans and proposals that could impact on the quality of services. Hazel Watson highlighted the following:</p> <ul style="list-style-type: none"> • This is a new and improved policy. There is a quality impact process in place at the moment but there is not a clearly understood process in place around this. • Best practice has been looked at and a risk approach has been agreed. The Trust Wide Management Group has provided feedback on the approach. • Ruth Brunt asked for Mid Staffs to be written in full “Mid Staffordshire Foundation Trust”. • Ruth Brunt asked that if there is a quality impact process she would assume that there is a post evaluations system and asked if the Trust had one. She 	

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<p>stated that the Trust should not only be evaluating if financial benefits are being delivered but looking if the anticipated quality impact had been realised and if the mitigation factor had worked. Tony Gallagher stated that this was correct and that this piece of work was in place and had been discussed at the last Finance and Planning meeting.</p> <ul style="list-style-type: none"> • Tony Gallagher acknowledged that it will be the role of the Medical Director and the Director of Nursing to sign these off and that the wording should be amended to make this clear. • Susan Thompson asked if there were any costs related to this and highlighted the second bullet point on page 4 that states “Once a scheme or plan has been approved and is being implemented the quality impact assessment should be updated and reported to the project group, Executive Team, Trust wide Management group and/or the Quality and Standards Committee quarterly until the project’s completion” and asked what the approval scheme was, who it is approved by and does it go to the locality first before the executive team. She stated that she would like to understand the journey. Hazel Watson highlighted that approval of schemes was managed under the business planning processes and would come from the management group responsible for the project. • Tony Gallagher stated that the organisation is reworking its schemes of delegation and that there needs to be a link within it if there something is above a certain amount when a limit has been allocated to it. He highlighted that as we implement cost savings plans there may not be appropriate Medical Director and Nursing Director sign off so there may be a need to limit the delegation. He asked for a reference to this to made in the policy. <p>RESOLVED</p> <p>That with the above changes the policy was approved.</p> <p>Safeguarding Adults at Risk Policy</p> <p>This policy is an overarching policy to assist staff in effectively meeting their statutory duties to protect and safeguard adults at risk of abuse and neglect. Mark Dean, Head of Safeguarding highlighted the following:</p> <ul style="list-style-type: none"> • The main update to the policy is to separate the policy and procedural elements to improve practitioner access to relevant information, to reference the changed multi agency policies, arrangements to manage alerts in the Trust in some local authority areas, and the duty to escalate unresolved concerns and the consideration of safeguarding issues in supervision. • The Safeguarding Policy will need to be reviewed annually. • Susan Thompson highlighted that the Quality and Standards Committee needed to be added under paragraph 6 under Roles and Responsibilities. 	<p>HW</p> <p>HW</p> <p>HW</p>

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RESOLVED	
That the report was noted .	
9. CRES Quality Impact Assessment Report	
<p>The purpose of this report is to explain the key elements of the process for giving the Trust Board the necessary assurance on the quality implications of the 2013-14 Cost Improvement Programme (CIP). Mike Ball presented the paper:</p> <ul style="list-style-type: none"> • The paper details the budget settings but not the detail of all the quality impact assessments. • There are 26 CIP schemes planned for 2014 and each has a quality impact assessment and a detailed summary available. • Ruth Brunt stated that she did not understand why the mobile working quality impact assessment would have an impact on service quality. She asked what the positive impact was to the service of mobile working. Mike Ball stated that this is to facilitate mobile clinical staff to access systems and that this would be of quality as it would enable staff to do more visits and see more patients. • Ruth Brunt felt there was a negative impact highlighted over lease cars and asked what the service impact would be. Hazel Watson stated that the Quality Impact Assessment Policy came to the committee today and that as part of the learning, the variability and the scoring of people, there needs to be a more vigorous approach about how this works. Ruth Brunt highlighted the importance of it being validated. Hazel Watson stated that when it goes to the Board there will be some mitigation. • The meeting agreed that for the paper to go forward to Board that the following changes are to be made to the final table: <ul style="list-style-type: none"> ○ Rank the schemes by value order ○ Clarify the detail of what impact was identified whether +ve or -ve e.g. creates more clinical time ○ Identify what the identified savings will be used for • Tony Gallagher noted that the Finance and Planning Committee are reviewing this and it will then be going to the Employment Committee to look at any employment consequences in relation to agency staff. 	
	MB
RESOLVED	
That the report was noted	
10. Fit for the Future Action Plan (verbal update)	
<p>Hazel Watson advised the committee that the objectives had been allocated and divided into committees to have oversight on behalf of the Board. She highlighted the following:</p> <ul style="list-style-type: none"> • Many of the actions have been completed and there is now a need to think about the objectives, close down the Fit for Future action plans and move the 	

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<p>longer terms issues into business as usual.</p> <ul style="list-style-type: none"> • The list of objectives and actions detail what has been achieved, what is pending and what actions are continuing to be worked on and are reported to the Board. • Tony Gallagher highlighted that it had been agreed to close this down at the end of March/beginning April 2013 but was concerned that under the Evidence Based Design objective that this had been delegated to be deficient in the SBUs but it had not been pursued. He stated that he was interested as to how the SBUs would be taking this forward, how it is going to take place and how it is going to be evidenced and he highlighted that he could not see a work stream linked into this. • Tony Gallagher stated that as a Board it wants to see this progressed in all areas and some areas and still not found a way to introduce it. • Susan Thompson asked that in terms of the quality assurance framework where is it going next. Hazel Watson confirmed that it would be going to the Board. <p>RESOLVED:</p> <p>That this report was noted.</p>	
<p>11. Integrated Quality and Safety Plan</p>	
<p>This report highlights the Trust`s new integrated approach to planning for quality improvement. Its approach is bringing together the key quality improvement actions and initiatives from across the organisation into one integrated plan. Hayley Richards, the Medical Director, presented the plan and highlighted the following:</p> <ul style="list-style-type: none"> • An update was given to the February 2013 Board. The plan is a collation of all action plans of internal and external findings. The idea of the plan was endorsed through the recent Risk Summit. It has been seen and shared with Commissioners who are keen to take part in refining it and sharpening the objectives and outcomes. • A workshop will take place over the next few weeks and the Commissioners will have their input into this. • There may be further changes made as actions are identified. It will be reviewed regularly by the executive team. • Tony Gallagher asked if it was going to be held at a corporate or locality level. Ann Tweedale stated that if there was any specific action relating to a particular area this would be made specific. It would need to be considered by local governance meetings to plan how to implement locally. She highlighted that this will be a central document and visible to all localities. • Tony Gallagher asked if there was any formal link to this and the risk register. Hayley Richards stated that there will be a process to cross reference to the risk register and if any urgent actions appear these will be checked with the risk register. Tony asked for a level of coding to be put in place for this. This was agreed. 	<p>HR</p>

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<ul style="list-style-type: none"> • It was confirmed that the plan will be reported to this committee quarterly prior to being shared externally with commissioners and regulators. It will also be published on the Trust website and intranet. • Ann Tweedale highlighted that a decision had been made that future homicide action plans are reported monthly to Board and this plan only reports quarterly and would this be adequate. • Susan Thompson stated that a monthly incident report comes to the Board so this would form part of that. <p>RESOLVED:</p> <p>That the report was noted.</p>	HR
12. Quality and Standards Committee Terms of Reference	
<p>Hazel Watson highlighted to the Committee that the Terms of Reference had been updated to reflect the changes of it becoming the Quality and Standards Committee.</p> <ul style="list-style-type: none"> • Tony Gallagher stated that he would like the delegated Board objectives added as part of the Terms of Reference. This was agreed. • Susan Thompson highlighted the statutory duties of the Mental Health Legislation Committee and did not feel it was correctly worded. She agreed to discuss this with Emma Roberts, Company Secretary. • Susan Thompson asked if she would also be a member of the Audit Committee. Tony Gallagher confirmed that yes she would as clinical audit will be relevant to the two committees. <p>RESOLVED:</p> <p>That the report was noted.</p>	HW ST
13. Draft Quality and Standards Committee Work plan 2013/2014	
<p>This document outlines the new Quality and Standards Board Committee draft annual work programme for 2013/2014. Hazel Watson, the Director of Nursing, Compliance, Assurance and Standards highlighted the following:</p> <ul style="list-style-type: none"> • She did not feel the work plan wholly reflected the aspirations of the new committee so welcomed comments from the committee today. • Susan Thompson stated that she felt there needed to be something included in the work plan to highlight that the Committee was moving towards being more of an assurance committee. She highlighted that over the next few months it needed to be clear what it expects to see in reports. She stated that under each locality presentation there is a service user and carer story and that it is important that the new committee has service users and carers at some of the meetings to tell their stories and that the committee listens to them. • Susan Thompson stated that there needed to be an agenda item on clinical audit as it was important to look at the clinical audit plan. She highlighted that there also needs to be a slot on medicines management. 	

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<ul style="list-style-type: none"> • Susan Thompson highlighted that there is a need to look at qualitative issues around staff particularly around violence and aggression in the work place and there is a need to be clearer about learning from lessons and embedding them. • It was agreed to finalise the work plan in the first meeting in April 2013. • Hayley Richards asked if the meetings would take place in different locations. Susan Thompson felt it would be a good idea to have the meeting in the locality where the relevant service user was coming to the meeting. <p>RESOLVED:</p> <p>That the report was noted.</p>	
<p>14. AOB</p> <ul style="list-style-type: none"> • Hazel Watson and Tony Gallagher thanked Howard Lawes and Becky Peterson for their contribution to the Committee over the years. • Susan Thompsom highlighted that the Mental Health Legislation Committee had been cancelled this week and any outstanding issues would be brought forward to the first Quality and Standards Committee in April 2013. • Tony Gallagher highlighted to the committee that he had recently attended the Employment Engagement committee and had attended a listening session in Bristol where two issues had arisen that he wanted the committee to be aware of. The first issue was the use of PICU beds, blocked beds and delayed transfers of care. He stated that the blocked beds were at 40% and that anyone that remained in a PICU longer than necessary was of concern and He stated that Kristin Dominy had been sighted on this and was taking it through the locality management. • Tony Gallagher stated that the second issue was in relation to the disaggregation of health and social in Bristol from mental health, the financial strains and the moving away from service users and carers. He felt there were two quality concerns and had advised Kristin Dominy who had assured him there was a need to close the loop and that she would be talking to the Clinical Director in Bristol. • Susan Thompson stated that there was concern that there were patients in the PICU unit at Elizabeth Casson House who should not be there. • Tony Gallagher stated that risk assessments had been done by the clinicians and it had been felt at the time the patients were put in the safest place but it may not be the most appropriate place so therefore quality is being compromised. • Susan Thompson highlighted that she felt the committee should be noting where it is in relation to the CQC moderate concerns. Hazel Watson advised the committee that these were discussed as part of the risk summit telephone call last week with the CQC and the SHA. With regards to Lansdowne, the CQC inspector will be required to come back and look at the empty building to ensure that it is not being used and then the enforcement notice will be removed. With regards to Fromeside and the issue of escorted leave etc the CQC are expecting to come back and revisit the site soon. They are also 	

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expected to come back to re-review the community services soon.	
15. Date of the Next Meeting: 9 th April 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