

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

Minutes of the Quality and Standards Committee

Held on 9 April 2013 at 1pm in the Conference Room

These Minutes are presented for Information

In attendance

Susan Thompson (ST)	Chair & NED Member
Emma Adams (EA)	Project Manager Operations
Carol Bowes (CB)	Service Director for S&SS & Interim Managing Director for B&NE S&SS
Ruth Brunt (RB)	NED
Helen Cottee (HC)	Interim Clinical Director & Head Of Psychology, SDAS
Mark Dean (MD)	Head of Safeguarding & Deputy Caldicott Guardian, NCAS
Justine Faulkner (JF)	Deputy Director for People & Head of Organisational L & D, People Directorate
Tony Gallagher (AG)	NED
Katherine Godfrey (KG)	Trust Lead Occupational Therapy
Alan Metherall (AM)	Deputy Director of Nursing
Hayley Richards (HR)	Medical Director - Old Age Psychiatry
Ann Tweedale (AT)	Head of Quality Information & Systems
Hazel Watson (HW)	Director of Nursing

		Action
1.	Apologies	
	Bill Bruce-Jones Alison Griffin James Eldred Julie Hankin Sammad Hashmi Paul Miller Bina Mistry John Owen Emma Roberts Iain Tulley Tim Williams Phil Wilshire	Clinical Director B&NES, Consultant Psychiatrist Head of Engagement & Responsiveness, NCAS Clinical Director, Acute Adult Inpatients, Consultant Psychiatrist Director of Service Improvement, General Adult Psychiatry - Medical Clinical Director Swindon, Consultant Psychiatrist Executive Director of Finance & Commerce Chief Pharmacist, Pharmacy Clinical Director South Glos, Consultant South Glos PCLS Company Secretary Chief Executive Clinical Director SDAS, Consultant Psychiatrist Team Manager, Social Care/Work Lead

		Action
	HW commented that this Committee was now in a transition period and that the new regime of members would be joining the committee from May 2013. This would be Justine Faulkner's and Helen Cottee's last attendance at the meeting. The Chair thanked them both for their contributions to the Committee's work over the last three years.	
2.	Minutes of the Quality and Safety Committee held 13 March 2013	
	These were approved.	
3.	Review Matters Arising and Action Log from 13 March 2013	
	<p>Item 3 (6 November 2012) - Double entry of data - Clinical Directors Safety Risks - SDAS. It was agreed this was to be left on the Action Log and a report from the Clinical Systems Management Group will be scheduled in to the work plan for June.</p> <p>Item 3 (13 March 2013) update on Wickham Unit. It was agreed that HR would carry out an annual case mix review of all inpatient services to look at the drift in severity of case mix. This will be scheduled for the November meeting.</p> <p>Item 3 (13 March 2013). Wickham Unit staffing implementation plan. CB stated some areas needed clarifying, ensuring the plan is robust. Assurance will be brought back to the meeting when Wickham Ward permanent staffing was back up to compliment. To keep on the action log.</p> <p>Item 4 (13 March 2013) Safeguarding Report is on the agenda for this meeting.</p> <p>Item 5 (13 March 2013) Annual Report ECT Standards. The Chair's comments had been added to the report by Jill Emerson and this is now completed.</p> <p>Item 7 (13 March 2013) Quality Impact Assessment - 3 items as yet not corrected along with some further work to complete the policy. To be carried forward.</p> <p>Item 7 (13 March 2013) Safeguarding Adults at Risk Policy – action now completed.</p> <p>Item 11 (13 March 2013) Integrated Quality and Safety Plan – The action will remain open until the committee are informed that the plan is available on the Trust intranet. Further improvement work is being carried out to the plan following feedback received from commissioners. The plan is due to be received again at the July committee.</p> <p>Item 12 (13 March 2013) ToR - AG wanted the delegated Board objectives added as part of the ToR. The amended ToR's of all the committees are to return to the Board for ratification.</p> <p>Item 12 (13 March 2013) ToR – The Chair asked for alternative wording around the statutory duties of the Mental Health Legislation Committee. This was now completed and the revised ToR are to return to Board.</p> <p>The Chair had requested the work plan also include the Clinical Audit Plan and Medicines Management, these have now been included.</p>	<p>HW</p> <p>HR</p> <p>CB</p> <p>HW</p> <p>AT</p> <p>HW/ER</p> <p>HW/ER</p>

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4.	Minutes of the Mental Health Legislation Committee meeting held 10 January 2013	
	These were approved.	
5.	Action Log and Matters Arising from the Mental Health Legislation Committee meeting 10 January 2013	
	<p>To note: The Mental Health Legislation Committee did not meet in March, therefore the January action log is the most recent:</p> <p>Item 7 (10 November 2011) Quality and Diversity Issues Report – actions completed.</p> <p>Item 2 (19 July 2012) Andy Sylvester to update on s136 suites – Action noted as closed as report received at MHLC in January 20132.</p> <p>Item 4 (19 July 2012) Advocacy Service - AM met the manager at Bristol MIND regarding the an issue of their employee conduct. AM assured the committee that there were not complaints around the access to the IMMA advocacy service. The IMMA Forums will continue to be held quarterly. Any concerns around access to the service for our service users, will be dealt with there. The PCT commissioners (as they were) have been asked to identify who the new CCG or local authority leads now are. Any issues raised from this will then go to the Mental Health Legislation and Safeguarding Management Group. Action to be closed.</p> <p>The Chair pointed out that the previous Quality & Safety Committee had received very positive feedback around advocacy and supporting our independent mental health advocates across the localities, this was recognised by the CQC in their report to the committee.</p> <p>Item 5 (19 July 2012) CQC Feedback Report - is part of today's Agenda Item 10</p> <p>Item 7 (19 July 2012) MHS admin process and procedures - completed</p> <p>Item 9 (11 October 2012) MHL&S Information Report – trends for s2 and s3 will be presented at the May Management Group meeting.</p> <p>Item 10 (11 October 2013) Dashboard - is Item 7 on today's Agenda.</p> <p>Item 4 (10 January 2012) High Dose Prescribing and Rapid Tranquilisation Assurance Report – a report will be brought to the May meeting.</p> <p>Item 4 (10 January 2012) RiO Medicines management issues. It was agreed that this will be addressed via the clinical executive. As this has now been taken up by the Clinical Systems Management Group it was agreed to close the action.</p> <p>Item 5 (10 January 2012) s136 update - HW briefed the committee that this issue is addressed in our contract with the commissioners (being signed this week). There is a commissioning intention to invest with AWP to s136 provision.</p> <p>AG commented that finance and planning forums last year, had debated these issues and the leadership was now unclear. AG wished to understand where we get the</p>	<p style="text-align: right;">AM</p> <p style="text-align: right;">HR</p>

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	<p>assurance about quality of service re: 136 suites HW said 'we are unclear how we manage the consistency across the s136 suites'. A conversation needs to be had between HW, HR, the Director of Operations and the Local Delivery Units. It is expected that enabling the consistency of standards will be supported by the new Clinical Academy once on place. The Chair asked for this to be left on the Matters Arising log as a significant issue to report back at the close of Q1 on progress.</p> <p>Item 6 (10 January 2013) Admission/Detention Rates - will be taken up through the work plan by the committee during the year. Chair - general point that we were admitting more people detained under the MH Act, in line with national trend but for us, was there anything specific to be influencing more detained patients being admitted. To be taken off Matters Arising and built into the work plan.</p> <p>Item 7 (10 January 2013) MCA/DoLS – AM apologised for not having the exact information today but was confident that it was agreed that this was the same level as the CPA training level. The Chair agreed once confirmed that this can be treated as completed. <i>Post meeting note to confirm training coverage standard agreed at 80% as for CPA training</i></p> <p>Item 9 (10 January 2013) Count Me in Census - a section on Equality and Diversity is included on the Quality Account which includes information on the Trust's Equality Objectives and progress with these - action agreed as completed</p> <p>Item 10 (10 January 2013) – AJ was not available to update on this item.</p> <p>Item 11 (10 January 2013) Exception Report from MHL&SMG meeting - this is Item 14 on this meeting's Agenda.</p> <p>It was agreed that the MHLC Action Log would remain a separate log until all action points are completed. All future actions will be part of the Quality and Standards Action Log.</p>	<p>HW</p> <p>AT</p>
6.	Annual Safeguarding Report	
	<p>MD presented his main report to the meeting however due to an administrative error the main body of the report was in the appendices that were omitted from the papers. He stated that, after reflection on comments from the NEDs at the last meeting that this will be the annual report. The appendices cover the two areas of child and adult safeguarding, describing the key issues and risks and planned actions to address those risks into a single report.</p> <p>A number of metrics have been added and analysis around those. This item will be deferred to the May meeting. AG - asked if the report gives us assurance about the issues and risks being addressed? MD - confirmed that the report will cover wider planned actions and those that are in place. HW clarified that in terms of this committee there will be a trust-wide response to the points Mark Dean raises in the overall paper. When the committee receives the local area quality reports, the granulated detail of the Safeguarding issues will be requested to be included.</p>	<p>MD</p> <p>Add to May agenda</p> <p>AT</p>

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7.	Quality Dashboard	
	<p>AT presented an update paper. The previous Quality and Safety Committee had agreed the three indicators: the Friends and Family Test, CQC Essential Standards for Quality and Safety and the local audit of the care record. The last two will be from data used from the newly launched Information for Quality system (IQ). Friends and Family sits within that system as far as what will be reported. Expectations for inputting started at the beginning of April when it went live. We are expecting to report against these at the June meeting.</p> <p>Looking at the Mental Health Legislation Committee dashboard, some areas of work need to be done to develop the Dashboard further. There is some overlap with CQC indicators so information needs to be refreshed. The Chair and committee agreed to this with a report being presented at the June meeting. Any thoughts to be fed back to MD as to what needs to be covered in the Dashboard.</p> <p>CB raised the issue on what is reported by Secure Services to the NHS England commissioners and what of this may need to be considered by this committee as this does not go to any other meeting in the Trust beyond the service delivery unit. HC raised a similar issue in relation to the SDAS commissioners reporting. HW/CB/HC to consider the most appropriate approach for this. The Chair stated that the committee does need to be sighted on externally reported measures. An update to be provided to the May committee on agreed approach.</p>	<p>AT</p> <p>MD</p> <p>HW/CB/HC</p>
8.	Draft Quality Accounts Report 2013/13	
	<p>AT presented a paper outlining the key process for developing the Quality Account. Appendix A is the first draft of the 2012/13 Quality Account compiled from contributions from across the organisation. Once signed off this will be sent out locally to the local authority OSCs, Healthwatch, CCG commissioners and local area team for National Commissioning Board for feedback and comment. Feedback will be responded to and then the final draft will be produced for Trust Board sign off in late May.</p> <p>External auditors are auditing our process and whether we are meeting the statutory regulations in relation to Quality Accounts. They will also be testing some or the indicators. This year their findings will be included in the Quality Accounts and this will come through the audit committee. The Chair asked for comments to be forwarded to AT.</p> <p>RB expressed concerns that this paper is going out externally and is still incomplete. AT explained this had occurred because of the timing of producing this for this meeting in relation to the end of year data being available and the requirement for onward circulation in order to allow enough time for us to respond to any comments and then include these in to the final version. Assurances were given that more of the data will be updated this week, now post year end, prior to circulation. Any comments please back to AT. Quality Accounts Report will also go to Board in April, AG requested that this goes in to the part one of the meeting.</p> <p>The National data for CPA 7 day follow up is awaited from the Health & Social Care Information Centre website. RB highlighted sections awaiting actions and comments to be completed e.g. 3.1.2 Staff Survey. AT confirmed this will be put into the report this</p>	

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	<p>week. RB also asked about presentation of data where the organisation has met the national target and are green but showing deteriorations in performance e.g. dramatic increase in delayed discharges, although green where there was no action or explanation to that. AT confirmed she would review this.</p> <p>In addition RB noted the table for the patient experience survey had added percentages and asked that they were not presented like this. AT agreed to delete this line and to just show the average % improvement.</p> <p>RB requested a covering letter be part of the information sent to the OSCs to give an explanation on the areas where data was not complete.</p>	<p>AT</p> <p>AT</p>
9.	Service User and Carer Engagement Steering Group Report	
	<p>Presented by HW for information only. There is a regular report to the committee on the activity of the Service User and Carer Steering Group and is a sub committee of Quality & Standards Committee. The paper describes the progress of the Engagement and Involvement Strategy. There was a useful debate at the previous steering group about the improvements that still need to be made to the strategy including the process of how the mechanism is going to work of making sure that the service user voice is heard on ward and team level and up to Board level.</p> <p>Ray Chalmers (Head of Communications) had talked to the steering group about the Trust Strategic Objectives Visions and Values which service users found helpful. Marian Naidoo had talked to the group about the care pathway work she had been involved in.</p> <p>The Chair felt it important to note that there was continued dissatisfaction with progress around service user and carer engagement. Peter Greensmith (NED) had commented that there was an ongoing failure to implement the recommendations of the Audit Report. He is dissatisfied that the organisation is not capturing the service user experience enough to improve our services. There are pockets of success such as the mentoring programme but this is not being captured trust wide across all areas. However it was felt that the strategy had not described an integrated engagement process that was joined up and workable.</p> <p>On a positive note, Gareth Sharman, Service User Involvement Worker SDAS has been asked to train up service users in Experience Based Design and develop Peer Mentoring across the whole Trust. HC believes it is successful because of clearly identified people within SDAS taking the work on board, and it is part of the Governance Work plan to progress it.</p> <p>HW has asked Emma Adams to pick up on the issues raised and ensure that the necessary improvements are made to the strategy before the Board are in a position to be able to approve it.</p>	EA
10.	CQC Presentation Feedback Report	
	AM explained that there used to be an annual statement but in line with the Mental Health Act that this had now ceased. Based on the presentation given to the Mental Health Legislation Committee, it had been agreed that Clinical Directors would develop	

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	<p>their own action plans. Specialist and Secure Services have produced theirs as presented. All recommendations in relation to Fromeside and Lansdowne that had occurred during the past 12 months have all now had associated actions completed.</p> <p>It was noted that plans had not been received from L3 SBU or Adult Inpatient SBU.</p> <p>The Chair mentioned the issue of utilisation of leave for service users in wards. This was reflected in the Fromeside inspection and had been monitored by the Committee. The Chair also highlighted the recently published CQC report on Monitoring the Mental Health Act: http://www.cqc.org.uk/sites/default/files/media/documents/cqc_mentalhealth_2011_12_main_final_web.pdf</p> <p>The Chair requested that this report be reviewed and that key recommendations are shared across the new Local Delivery units. The chair stressed that maybe the information contained within the report should be disseminated to localities to make sure the organisation has learnt lessons from it and then evidence that mistakes will not be repeated, then fed back into this committee. HW explained her expectation for this to be an academy role. HR also suggested that the Professional Council would identify such national level documents and alongside the academy and respond as necessary. The Chair and RB agreed that it would be helpful to describe the process that captures that. RB - need assurance that there is a process of what is coming out nationally and making sure the localities respond where the committee requires them to as it feels haphazard at the moment, this includes reports from the CQC.</p> <p>HW suggested a report back to the Committee would be very helpful to explain the current process. The Chair agreed and this will be on the agenda for May.</p>	HW
11.	Social Care Lead update	
	<p>Item deferred to May meeting when Phil Wilshire will be in attendance.</p> <p>HW briefed the Committee on interviews being held this week for Heads of Professions' and Practice. It is hoped that all posts will be appointed by Friday 12 April, including the Trust-wide Lead for Social Work. The Chair stressed she still wants Phil Wilshire to come and talk at the May meeting about his work within the Organisation.</p> <p>AG had attended the Social Work Conference where concerns were raised there about the distinction between Social Care and Social work. Care needed to be taken with the use of the different phrasing by AWP. HW said Social Care is everybody's business, Social Work is the Profession. There are some Social Work tasks that need doing but within the context of our whole Social Care Agenda".</p>	
12.	Social Care Implications from Homicide Enquiries	
	Item deferred to May meeting (Phil Wilshire)	
13.	Review of AWP Section 117 Policy Framework	
	Item deferred to May meeting (Phil Wilshire)	
14.	Exception Report from Mental Health Legislation and Safeguarding Management	

		Action
	Group	
	<p>AM briefed the committee on the report.</p> <p>The procedure for the locking of doors has now been approved.</p> <p>The CTO procedure of the Mental Health Act will come to the next management group and then to this committee in May. It covers all aspects of the Mental Health Associates, including recruitment of associates' for a 3 year period of office, induction programme, annual training programme as appendices as well. This will be presented at the May meeting, including addressing concerns around CTO paper reviews brought to the attention of the Chair via associates; where panels were being asked to do a paper review without understanding what was being asked of them and without adequate information, training and protocol to follow.</p> <p>The Winterbourne View Action Plan was updated from comments from this committee and the level 3 child protection assurance is detailed in this as well.</p> <p>The Chair asked how the locked the door protocol at Fromeside had affected service users. CB reported that this had only happened on two wards. Staff were now briefed that service users have to be observed (in garden areas) at all times. This was not causing problems as due to changes in staffing, there was an increase in service users being able to go out on leave, which they preferred to do.</p>	
15.	External Reports: Update on Lansdowne and Fromeside CQC Reviews	
	This was a short report for information, advising the committee formally that the CQC warning notices on both Lansdowne and Fromeside (Blackberry Hill Sites) have been lifted. CB can answer any questions the committee may have at any point.	
16.	Draft Quality and Standards Committee Work plan 2013/14	
	<p>The work plan had been seen in draft at the March meeting. AT had amended it to include Annual Clinical Audit Work Plan and medicines management.</p> <p>The Chair said on reflection thinking of the presentations by the various localities, this committee will not have their own Dashboard finalised until the May meeting and not reporting until June and being in a fledgling position in terms of the localities, it would be sensible to take out the May presentation out for Bristol and start in June with Specialised and Secure, followed by SDAS brought forward from January 2014 to June. The work plan needs to be seen by localities so they understand what is expected of them in terms of locality presentation. (Which will also be part of the discussion after this meeting).</p> <p>This gives the localities some time to bed in and reflect on the expectations of this committee for locality presentation. HW said this would be very helpful as the new Clinical Directors had not had opportunity as yet to attend the newly formed Quality and Standards Committee meeting.</p> <p>The Chair requested a briefing template be sent out so that localities to help provide guidance on what is expected of them in terms of presentation content and producing their own annual work plan. RB hoped that in the long term, localities would be looking beyond compliance issues into what their specific improvement areas should be for</p>	AT

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	their service users and feel able to be more ambitious for their service rather than just, 'what are the trust wide issues?'	
17.	Any Other Business	
a.	<p>AG - Highlighted that the Committee needed to remain sighted upon the Quality Impact Assessments currently going through the system. The next Finance Committee will approve the budget and cost improvement plans (CIPs) and this committee needs to be assured of the Quality Impact Assessments associated with these have been scrutinised and approved by the Medical and Nursing Director.</p> <p>The Board have seen the summary report of the Quality Impact assessments associated with the cost improvement plans. AG said this had been refined and there was a special meeting for Finance and Planning Committee to review the final CIPs and that there is a necessity, as was agreed, for the Medical and Nursing Directors to sign these off.</p> <p>HW did not know the answer to this but will pick up this point with Paul Miller and ask for his timescales and where he is in the process. Options discussed were a conference call for the week after the Finance and Planning Meeting.</p>	HW
b.	<p>The Chair had attended the Critical Incident Overview Group meeting on 8 April chaired by HR. She asked that it would be good to get some early thoughts about CIOG and how it's going to work in terms of providing/supporting assurance to this committee and to the Board around safety and incidents generally. HR said there were new attendees at the new launch of the CIOG meeting. Four localities had been represented. Next meeting all localities will need to be represented for it to function fully.</p> <p>Those that attended agreed that the Clinical Directors themselves should be attending. They had been convinced of the importance and relevance of the CIOG meetings. The purpose of the group is to scrutinise serious untoward incidents, specifically but also thematically and where an emerging theme arises, their role will require a more detailed examination of events. This will require the localities to assure us that systems/structures are in place to monitor and report on their level one incidents.</p> <p>The outputs of CIOG which informs SMT and this committee have started with a quarterly report, including exceptions. HW asked if HR had spoken with Linda Hutchings about complaints learning as they need to pin down the process for this and relating it to PALS. An item on PALS and complaints will be a standing item for the CIOG group.</p> <p>The Chair highlighted that clarity was needed as to how CIOG will support localities in delivery and how it supports Clinical Academy to affect change in terms of standard setting, its working with PALS, Service User Experience and other parts of the organisation to achieve a joined-up culture. Safeguarding is not the role of CIOG but is covered by the Mental Health Legislation Safeguarding Group. Hazel Watson explained that where the SUIs and Safeguarding have to date been running separately, serious case reviews are now starting to be fed into CIOG and this needs to be an important part of the Terms of Reference.</p>	
c.	AG raised an issue from the recent Finance and Planning Committee regarding	

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	<p>learning and development in the Trust and setting the standards necessary and provision in order to align to the quality standards and objectives of the Trust.</p> <p>There are questions as to where this sits in the restructure. JF answered that this was already in the Workforce Strategy and Learning and Development Strategy and this was overseen by the Trust wide Learning and Development Group which had very poor attendance, historically. It was agreed that this is very worthy of consideration. Hazel confirmed that this was an issue to go back to the Executive team and she will report back on their conversation, how to take this forward. RB felt this committee will want assurance that the Learning and Development Programme supported what the organisation needed to deliver high quality and safer services.</p>	HW
18.	Date of Next Meeting	
	9 May 2013 10am-1pm Conference Room, Jenner House, Chippenham	