

You matter, we care

Minutes of the Quality and Standards Committee

Held on 4 June 2013 at 1.30p - 4.30pm in the Conference Room, Jenner House,
Chippenham

These Minutes are presented for Information

In attendance

Susan Thompson	Chair & NED Member
Emma Adams (EA)	Interim Head of Quality Academy
Carol Bowes (CB)	Clinical Director, S&SS
Mark Bunker (MB)	HoPP, Bristol
Bill Bruce-Jones (BBJ)	Clinical Director, B&NES
Ruth Brunt (RB)	NED
Mark Dean (MD)	Head of Safeguarding
Kristin Dominy (KD)	Director of Operations
Tony Gallagher (TG)	NED
Katherine Godfrey (KG)	Chair of Professional Council, Head of Profession for Occupational Therapy
Julie Hankin (JH)	Clinical Director, Wiltshire
Sammad Hashmi (SH)	Clinical Director, Swindon
Dee Horscroft (DH)	FT Membership Administrator
Anita Hutson (AH)	HoPP, North Somerset
Hayley Richards (HR)	Medical Director
Emma Roberts (ER)	Company Secretary
Ann Tweedale (AT)	Head of Quality Information Systems
Tim Williams (TW)	Clinical Director, SDAS
Phil Wilshire (PW)	Social Care /Work Lead

		Action										
1.	Apologies											
	<table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Mark Dean (MD)</td> <td>Head of Safeguarding</td> </tr> <tr> <td>Eva Dietrich (ED)</td> <td>Clinical Director, North Somerset</td> </tr> <tr> <td>James Eldred (JE)</td> <td>Clinical Director, Bristol</td> </tr> <tr> <td>Bina Mistry (BM)</td> <td>Chief Pharmacist</td> </tr> <tr> <td>Hazel Watson (HW)</td> <td>Director of Nursing</td> </tr> </table>	Mark Dean (MD)	Head of Safeguarding	Eva Dietrich (ED)	Clinical Director, North Somerset	James Eldred (JE)	Clinical Director, Bristol	Bina Mistry (BM)	Chief Pharmacist	Hazel Watson (HW)	Director of Nursing	
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2.	Minutes of the Quality and Standards Committee held 9 May 2013											
	Some minor typographic and job title amendments were noted. The minutes approved.											
3.	Review Matters Arising and Action Log from 9 May 2013											
	<p>Item 3 (13 March 2013) update on Wickham Unit – is expected that this can be reported as complete to the August meeting.</p> <p>Item 11 (13 March 2013) The IQSP is not ready to publish to Our Space.</p> <p>Item 12 (13 March 2013) 2 items - ongoing.</p> <p>Item 7 (9 April 2013) Quality Dashboard – CB - S&SS are meeting next week with AT and the Client Account Manager to discuss reporting to commissioners and how the board will remain sighted on these indicators/measures that are not currently included in IQ.</p> <p>Item 16 (9 April 2013) Workplan – action outstanding.</p> <p>Item 17 (9 April 2013) – not completed. EA to discuss with Justine Faulkner.</p> <p>Item 6 (9 May 2013) - HR to report back at next meeting.</p> <p>Item 7 (9 May 2013) - POMH National High Dose Prescribing update: HR - the current audit can now be circulated to CDs. The outcome of the closed audit is not yet available therefore the findings will be brought to the July meeting.</p> <p>Item 8 (9 May 2013) 2 items - MH Act Administration: The Trust Chair (TG) has discussed the issues with MD and it has been resolved with an agreed way forward to carry out an annual feedback survey of MH Act Associates. In addition the new Procedure for Recruitment and Retention of MHA and Lead MHA Associates will address the issues. This item is now closed.</p> <p>Item 10 (9 May) is on today's agenda</p> <p>Item 14 (9 May 2013) workplan has been amended, item closed.</p> <p>Item 15 (9 May 2013)</p> <p>- QIA for the outstanding CIP plans has not been completed as the plans are not yet established. Agreed to close this item as quarterly reporting of Quality Impact Assessments is on the work plan.</p>	HR										

	<p>Item 15 (9 May 2013)</p> <p>Medicines Management Audit Reports:</p> <p>Auditors have confirmed that most of the actions from the first red report are completed. The second report, which has extended to other aspects of medicines management has raised some additional concerns. The report was initially graded as red but has more recently been reviewed and re-graded as red/amber. A Project Group to address the issues across the Trust will be Chaired by HR, and is first meeting on 5 June. Updates on this will be included in to the Medicines Management Group quarterly reports and therefore it was agreed to close as a matters arising.</p>	HR/BM
4.	Review Action Log and Matters Arising outstanding from the Mental Health Legislation Committee	
	<p>Item 9 (11 October 2012) MHL&S Information Report/Admissions & Detentions, use of s2 and s3 - this item is now on the committee workplan and can therefore be closed.</p> <p>Item 10 (11 October 2012) Dashboard - on today's agenda and therefore can be closed.</p> <p>Item 5 (10 January 2013) s136 update - on today's agenda and therefore can be closed.</p> <p>Item 11 (10 January 2013) Social Care Lead PW reporting at today's meeting. The Mental Health Legislation Committee Action Log is now agreed as completed by this committee. Any further actions the from the above items that are included on the agenda for this meeting will be included in the committee's action log.</p>	
5.	Quality and Standards Committee Dashboard	
	<p>AT presented the Dashboard report. The first appendix is the overall Trust level and area breakdown of the IQ data whilst the second shows more specific information across each of the records management and CQC standards.</p> <p>It was noted that there was no local narrative or comment on the levels of performance in the report and it was agreed that this needs to be included as necessary as exception reports from SDUs.</p> <p>The Chair/RB asked the CDs, how the IQ data is being used? It was hoped that the Dashboard would link directly with locality reports. It was agreed that more local comment and detail was needed.</p> <p>The CDs said it was early days to yet give any in-depth assessment. The Dashboard was being built into monthly locality governance/performance meetings with narrative being developed, via this process.</p> <p>PW wanted clarity on CQC templates for non-core teams. It was advised that the additional bespoke templates will be available from early June for reporting in July. AT reported 97% of teams that were expected to, did complete the assessments for May, this was positive news. AH and CDs agreed that it was proving a useful tool to support a better dialogue and understanding between management and teams.</p>	

	<p>all parties involved. The West Midlands model has been issued to S136 providers for comment. Commissioners are looking to specific areas to make the Trust and stakeholders accountable to working in agreed ways. In addition the work is to understand the need for any additional capacity. It is hoped to have an agreed draft model in place very shortly and by end of quarter 2 a principle agreement should be in place to gain support from stakeholders and highlighting the need for more bed capacity in some areas.</p> <p>JH - S136 services are now provided for 16-18 year olds at Fountain Way with additional money used for extra staffing. The Chair asked about quality of assurance around S136 working in practice. JH responded - a locality multi agency group identifies issues.</p> <p>HR said this was an item on the CPMG agenda. Updates on this workstream will be reported via exception to this committee through KD as Director of Operations and scheduled on the work plan for a report back in 6 months.</p>	MB AT
8.	Quality Strategy	
	<p>EA explained the paper outlining the Quality Strategy that will go to SMT, the Professional Council and then onto the Board. The strategy sets out the new arrangements and structures that have been implemented over the last 6 months for example the IQ system, the Integrated Quality and Safety Plan and the plans for a quality academy.</p> <p>The intention is to build capacity to assure ourselves of consistent delivery of services to the required standard. Specific quality improvement objectives are not yet outlined in the paper as SDUs need to develop their own plans via triumvirate working.</p> <p>CB commented that some of the connections with NHS England and the Specialised delivery unit were missing from the strategy and it would be beneficial to note that S&SS were totally embedded in the national reference groups. EA said this would be reflected and would meet with CB to update on this after the meeting. It was agreed that the draft strategy is to be received by this Committee in July prior to going to Board.</p>	EA/CB
9.	FT Membership Strategy	
	<p>ER introduced DH and the strategy paper to the committee. The strategy has been written in a user friendly way clarifying how the Trust will be engaging with members. The Trust Chair and executive colleagues have responded with comments prior to this meeting. Both the FT (Foundation Trust) Membership and the Community and Engagement Strategies reference FT members and work will be done around cross referencing both papers to reflect the work DH is doing with locality Involvement Workers and the FT Membership Strategy. The Trust needs to build on how staff members can be used in promoting FT and working on engagement with FT members.</p> <p>The strategy sets out how we intend to engage with members, what the recruitment approach is, how members can get involved with the organisation, and how members can become Governors; this is a key governance aspect of</p>	

	<p>being a Foundation Trust. It was agreed today at the FT Steering Group meeting that there will be six partnership governors representing the locality areas with a local authority or local commissioning group representative on the Council of Governors. This will now be reflected in the strategy. It was suggested by SU members to streamline the member constituencies around SUs and carers, they did not wish to be pigeonholed by specific service lines.</p> <p>DH reported that the new membership strategy is aimed to be inline with the Trust's ethos of being aspirational and to show the wider picture, working with locality teams to ensure local teams engage with local SUs and carer members and listening to their comments. SUs and carer Governors will be sitting at the Board and various other meetings, putting their opinions across as to how the Trust will operate in the future.</p> <p>RB asked for clarity when SU Governors are no longer receiving a service, how is this picked up within the membership? ER responded that it is a legal constitutional requirement to check against the patient administration system when a SUs care ends and they will then not be eligible to serve as a service user Governor representative. SUs will revert to public membership when no longer receiving a service.</p> <p>ER agreed with the Chair to highlight possibilities around membership and key priorities within SDUs, especially around S&SS. This element of the work will expand and DH is in the process of building those relationships. ER and CB will have a conversation in relation to S&SS and how this will work within secure wards to encouraging engagement. The Chair stressed the importance of this specific area</p> <p>ER noted that the strategic approach is reported in the strategy with further amendments to be added and will accompany the IBP when finalised. The Chair requested an amended copy of the strategy be sent to all NEDs, HR and HW for approval. Once agreed, the paper can go straight to the Board.</p>	<p>ER/CB</p> <p>ER</p>
<p>10.</p>	<p>Update SU and Carer Involvement Strategy Metrics</p>	
	<p>EA reported that there was still more work needed to progress this. A regular report from the Trust Engagement group will come to this committee with a view to empowering the group to inform and monitor the strategy.</p> <p>Additional metrics can be supplied around SU engagement and Service User Involvement Workers, Experienced Based Design, Care Pathways and similar engagement.</p> <p>The Chair said the committee needs to understand what good engagement looks like. It was agreed to bring Individual, team, SDU and Trust-wide separate metrics to the July meeting.</p> <p>Peer mentors and SU involvement workers will be working more around teams/wards and the Engagement Group will help with the Development of Standards of accreditation. HR/PW agreed that SUs/carers representation on interview panels, committees, tenders, evidencing the SU input, would be beneficial at strategic development level</p> <p>CDs will meet later today to discuss engagement at the various levels and how</p>	<p>EA</p>

	to build this into SDU locality quality plans.	CDs
11.	Social Care Lead Update	
	<p>PW presented this paper. It was identified that there was some lack of attention to the Social Care role within AWP services and HW had agreed to develop a project and PW was given two days per week to work on it. There are two strands of work; Social Care within AWP and professional support for Social Care workers.</p> <p>Part 1 - The Trust has struggled to link social care aspects across the six localities. Aspects of work have taken a lot longer than anticipated. Better partnership arrangements with social services need to be developed across the Trust. Social Care Lead meetings have become moribund. PW is trying to link them up with the AMHP Leads meetings. PWs presence has helped to refocus on the importance of the social care role.</p> <p>Part 2 - Professional support for social working. This was timely in light of the national registration of social workers and standards being looked at by the Social Work Taskforce. There are around 100 Social workers now working within AWP and there is an obligation to support them professionally.</p> <p>A Social Work Conference was held and very well attended. From this a strategy is now being worked on with five strategic goals:</p> <ul style="list-style-type: none"> • support the organisation to focus on social work intervention • develop more teams within the wider organisation • AWP will fully implement the standards of employers of social workers • social workers will assist AWP to become a centre of social work for research and teaching (as yet no infrastructure to support social work students) • partnership support, helping with integration arrangements <p>PWs secondment is being extended month by month for this work. EA said there will be a permanent full time social worker role within the Academy.</p>	
12.	Social Care Implications from Homicide Inquiries	
	<p>As described in the paper the Section 117 policy has now been reviewed, and aspects of this need to be rewritten. There is a need for a separate procedure for 117 for each locality and this is a large piece of work. PW will write a draft and take to the Social Care Leads meeting.</p> <p>HW asked PW to review the homicide implications and highlight any specific actions necessary in relation to social care. The paper highlights a series of recommended actions.</p> <p>Communication was a key area for improvement. A significant item on the workplan is making sure Out of Hours teams have access to relevant clinical information. The Chair stressed it would be helpful to have a report back to this committee from the Clinical Directorate covering the three action points</p>	HR/PW

	<p>highlighted in the paper.</p> <p>JH - this review should be done in light of the new Caldecott report, all agreed. HR said the second Caldecott review was due at the next SMT meeting and is on the agenda to action. It was highlighted by HR that the Trust currently does not have a named doctor for safeguarding, however a role is to be created with protected time of one day a week. HR is to complete the job description and report back to this committee.</p>	HR
14.	Exception Reports from SDUs and Management Groups	
	There were no exceptions reported.	
15.	Workplan update	
	The updated work plan was provided to the committee. Localities will take turns holding the Quality and Standards Committee meetings in their locale. Commencing 2 July, Specialised and Secure Services will host this meeting within Fromeside, opening with the service user Recovery Group (which incorporates Shared Pathway and Peer Mentors) talking about the work they are involved in.	
16.	Any Other Business	
	None	
17.	Date of Next Meeting:	
	<p>Carole Bowes, Clinical Director, Specialised and Secure Services hosting the next meeting.</p> <p>2 July 2013 1pm-4pm Conference Room, Fromeside, Blackberry Site, Manor Road, Fishponds, Bristol BS16 2EW</p>	