

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

Minutes of the Quality and Standards Committee

Held on 2 July 2013 at Fromeside, Bristol in the Conference Room
1pm-4pm

These Minutes are presented for Information

In attendance

Susan Thompson	Chair & NED Member
Emma Adams	Head of Academy
Carol Bowes	Clinical Director, Specialised & Secure Services
Bill Bruce-Jones	Clinical Director, B&NES
Ruth Brunt	NED
Eva Dietrich	Clinical Director, North Somerset
James Eldred	Clinical Director, Bristol
Kristen Dominy	Director of Operations
Julie Hankin	Clinical Director, Wiltshire
Samad Hashmi	Clinical Director, Swindon
Linda Hutchings	Head of Patient Safety Systems
Tony Gallagher	NED, Trust Chair
Katherine Godfrey	Chair of Professional Council, Head of Profession for Occupational Therapy
Bina Mistry	Chief Pharmacist
Julie Mitchard	Centre Manager, Perinatal Care
John Owen	Clinical Director, South Gloucestershire
Hayley Richards	Medical Director
Paul Townsend	Managing Director S&SS, SDAS
Hazel Watson	Director of Nursing
Tim Williams	Clinical Director, SDAS
Phil Wilshire	Social Care /Work Lead

	<p>Item 7 (4 June 2013) - closed. Added to the workplan. Item 8 (4 June 2013) – to be updated in to next draft. Item 9 (4 June 2013) - FT Membership Strategy completed. Item 12 (4 June 2013) – held over until August meeting.</p>	
4.	Quality Dashboard	
	<p>EA presented the paper highlighting the three key quality indicators to be reported to the Committee.</p> <ul style="list-style-type: none"> • Service user experience • CQC Compliance • Records Management standards <p>Data reported for CQC and Records Management standards is showing an improved picture, and some data on service user experience collated from the Friends and Family Test surveys. The report was supported by two appendices showing detail of the IQ reported information by DU area and by standard. The IQ project group will be supporting operational services to understand the improvement work necessary against the key standards measured and to improve the up take up of the Friends and Family Test survey.</p>	
5.	Integrated Quality and Safety Plan (IQSP)	
	<p>HW presented this report for note. The paper updates on the progress with developing the Trust's key quality improvement actions and initiatives from across the organisation into one integrated plan. The IQSP is being refreshed and will be presented to the committee in August.</p>	
6.	Annual Controlled Drugs	
	<p>HR and BM presented the paper. The report summary described current processes for management of controlled drugs, current status of implementation of improvements and highlighted areas of concern. There is overall improvement since the July 2012 report.</p> <p>Concerns remain for:</p> <ul style="list-style-type: none"> • Documentation and destruction of controlled drugs • Training and awareness of procedures amongst staff who deal with controlled drugs <p>A controlled drug E-learning package is to be re-launched July 2013, all staff are to be made aware of their responsibilities and Ward Managers/Modern Matrons' leadership and accountability is to be assessed and strengthened. Monitoring systems are to be introduced around ordering and prescribing patterns. Responsibility for this now lies with BM as Chief Pharmacist.</p>	

7.	Annual Incidents Report	
	<p>LH presented the report providing a summary of activity 1 April 2012 – 31 March 2013. The introduction of web reporting had been fully implemented and its success is acknowledged in the second Sutherland Report. Other Trusts have reported a significant downturn in incident reporting as a result of web introduction, in AWP however, overall figures are broadly in line with previous years. The system required significant changes that have proved beneficial. External reporting of incidents remains robust. The National Reporting and Learning Service (NRLS) does not release raw data to facilitate detailed analysis, which makes the identification of actions for improvement difficult. However work continues on improving the Trust's reporting position nationally and progress has been noted.</p>	
8.	CIOG Quarterly Report	
	<p>The terms of reference have been revised and the role of CIOG expanded to include PALS and Complaints, policy and thematic review activity. The new ToR also coincides with significant change in membership (people) as locality structures have been introduced. Each of the Clinical Directors or nominated deputy attends CIOG meetings as do appropriate Trust specialists.</p> <p>Key areas:</p> <ul style="list-style-type: none"> • Serious Untoward Incident (SUI) Review • Performance Monitoring • Inquest Activity • Policy Development • Supporting Learning <p>There are no significant performance concerns to report.</p>	
9.	Report from CSG on issues for services double entry data	
	<p>HW reported that some double entry electronic records are required. The RiO principle is that each service user will have a maintained RiO record. Dual entry occurs where Commissioners or partners require staff to use another recording system that is not capable of being integrated with RiO. This prevents the Trust automatically entering data onto RiO from other systems. Integration engines and screen scrapping are being looked at to solve the problem. The Clinical Systems Strategy will include the requirement for products to have an integration capability. This in turn will inform the Electronic Patient Record group looking for the replacement of the current RiO contract.</p> <p>HW to report back on progress with the issue alongside the Clinical Systems Strategy in October.</p>	HW
10.	Equality and Diversity Report	
	<p>This item was deferred to the August meeting as no one attended to present the paper.</p>	CL

11.	Social Work strategy	
	<p>PW gave an overview of this draft paper outlining progress and areas of concern. AWP employ forty Social Workers directly and approximately sixty are via a Local Authority. The paper sets out ten key aspects and five strategic goals for the next three years. A draft has been sent to Social Works/Care Leads for comment and there will be further discussion at the Professional Council. The strategy will be reviewed on an annual basis both locally and trust-wide with the support of the Social Care Leads and AMHP leads networks.</p> <p>It was agreed HW would speak with the Executive management team for input to the strategy and it would come back to the September meeting after a period of sharing with stakeholders and partners.</p>	AT
12.	Quality Improvement Strategy	
	<p>EA - the Quality Improvement Strategy 2013-17 sets out objectives for the next five years, describing an overall approach to quality in relationship to the Trust's objectives to consolidate, integrate and expand. The strategy aligns with AWP quality assurance framework and presents a rigorous quality improvement and assurance system. Following today's discussion, the strategy will be presented to SMT and to Professional Council for further discussion, prior to final submission at Trust Board July 2013. However the committee felt a desegregation of the workplan from the long-term outcomes would be beneficial. HW and EA will discuss what amendments could be made to meet this request after the meeting.</p>	HW/EA
13.	SU and Carer Steering Group Report	
	<p>Report presented by EA. The aim is to work in partnership with SUs, carers and staff to improve the patient experience. The Board had considered the Engagement Strategy and the ToR for the Trust Engagement Group and were agreed with final amendments.</p> <p>Updates on engagement in the localities were shared by senior locality staff at the meetings.</p>	
14.	Management Group and compliance Exception Reports	
	<p>Mental Health Legislation Group - HW reported that the group had not met since May 2013 but will meet in July/August. In brief, the Terms of Reference are being revised and a new Chair appointed. HW will report back at the September meeting.</p>	HW
	Any Other Business	
	<p>Note: After September, new dates are being considered for the Quality & Standards Committee to meet that will best feed into the assurance process</p>	

	for reviewing IQ data and preparation of onward reporting to Board. These dates will be issued in good time for everyone's diaries.	
12.	Date of next meeting	
	6 August 1pm-4pm SDAS hosting. Conifers Meeting Room, 1 st Floor, Blackberry Centre, Manor Road, Fishponds, Bristol BS16 2EW	

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