

You matter, we care

### Minutes of the Quality and Standards Committee

Held on 6 August 2013 at Conifers Meeting Room,  
Blackberry Centre, Fishponds, Bristol BS16 2EW  
1pm-4pm

These Minutes are presented for Information

#### In attendance

Susan Thompson	Chair & NED Member
Carol Bowes	Clinical Director, S&SS
Bill Bruce-Jones	Clinical Director, B&NES
Helen Cottee	Head of Professional Practice, SDAS
James Eldred	Clinical Director, Bristol
Kristen Dominy	Director of Operations
Sammad Hashmi	Clinical Director, Swindon
Kelly Higson	Equality and Diversity Lead
Anita Hutson	Head of Professional Practice, N Somerset
Sean Johnstone	Involvement Worker, N Somerset
Simon Joseph	Clinical Audit and Effectiveness Manager
Hayley Richards	Medical Director
Paul Townsend	Managing Director S&SS, SDAS
Ann Tweedale	Head of Quality Information and Systems
Hazel Watson	Director of NCAS
Tim Williams	Clinical Director, SDAS

Tim Williams, Clinical Director SDAS headed a very informative presentation. Also three ex-service users gave very positive testimonies about their personal experience while receiving services from AWP.		<b>Action</b>
<b>1.</b>	<b>Apologies</b>	
	Emma Adams, Head of Academy Newlands Anning, Interim Head of Professional Practice, Swindon Liz Bessant, Head of Nursing NCAS Ruth Brunt, NED	

	Mark Bunker, Head of Professional Practice, Bristol Eva Dietrich, Clinical Director, North Somerset Tony Gallagher, NED Julie Hankin, Clinical Director, Wiltshire John Owen, Clinical Director, S Glos Debbie Spaul, Head of Professional Practice, S Glos	
<b>2.</b>	<b>Minutes of the Quality and Standards Committee held 2 July 2013</b>	
	It was noted that the meeting was not quorate as the terms of reference require two Non-Executive Directors and one Executive Director, only one NED was present. It was agreed that items requiring approval will be ratified outside of the meeting and reported to the next meeting.  The minutes were agreed as an accurate record.	<b>AT/ST</b>
<b>3.</b>	<b>Review Matters Arising and Action Log from 2 July 2013</b>	
	Item 3 (13 March 2013) - item completed. CB reported all posts were now filled (Wickham Unit) Item 11 (13 March 2013) - Item 6 on today's Agenda Item 12 (13 March 2013) - 2 items – 2 <sup>nd</sup> item awaiting S& MH Act management group to meet and advise. Item 7 (9 April 2013) - to stay on Matters Arising until reports received. Item 16 (9 April 2013) – On the agenda for today and closed. Item 8 (9 May 2013) - procedure for Recruitment & Retention has been seen in draft. HW to bring to September meeting for approval. Item 10 (9 May 2013) - completed Item 5 (4 June 2013) - item 4 on today's agenda, closed. Item 6 (4 June 2013) - 2 items - referred to the reformed MH Act and Safeguarding group Item 8 (4 June 2013) - with CEO for comment Item 12 (4 June 2013) - update will be given at September meeting Item 9 (2 July 2013) - update will be given at October meeting Item 12 (2 July 2013) - with CEO for comment Item 14 (2 July 2013) – MH Act & S group revised Terms of Reference not finalised and to come to future meeting.	
<b>4.</b>	<b>Quality Dashboard</b>	
	Report sets out the three indicators delegated to the Committee by the Trust Board to provide assurance as a subset of the seven quality assurance indicators reported via the IQ system. The new IQ system is driving a cultural shift towards local ownership, transparency and accountability for compliance against the core standards. Feedback on the new approach is generally positive. Staff felt more able to report where they are non-compliant. The work of the Clinical Academy will support improving levels of compliance through support and development alongside facilitating peer review, mock inspections (soon to involve services users) plus additional processes. Levels of	

	<p>compliance with CQC and records management standard are on an improving trajectory. The committee noted the report.</p>	
<b>5.</b>	<b>Delivery Unit exceptions to report on Quality Dashboard</b>	
	<p>There were no exceptions to report at this time. CB pointed out that while scores shown were good, delivery units should be mindful that staff also need to keep current all other lines of work that were being asked of them and not to focus entirely on one area.</p> <p>AT/HW will meet to look at reporting on SU and carer experience, revisiting the workplan to ensure this is adequately included.</p> <p>Much discussion took place around what was an exception. ST said that anything the Clinical Directors thought they may need advice on and or a second opinion, they should feel free to approach the Committee.</p>	<b>AT/HW</b>
<b>6.</b>	<b>Integrated Quality &amp; Safety Plan Quarter 1</b>	
	<p>AT reported on this item with HR. The Trust has adopted a new integrated approach to planning for quality improvement, bringing together key quality improvement actions and initiatives from across the organisation. It is in its second iteration in response to commissioner feedback. Actions are referenced to the appropriate CQC essential standards for quality and safety.</p> <p>ST suggested that the Clinical Directors choose a few areas to elaborate on and share with the committee on a quarterly basis. It was requested that there were better explanations in the narrative to help the Committee understand what is going on under the numbers, where the priority and focus is, and the top three areas to note.</p> <p>The Quality and Safety Committee is recommended to note the progress within in the IQSP papers as the Trusts consolidated and integrated quality and safety improvement plan. The plan was approved. The next report will come to the October meeting.</p>	<b>AT</b>
<b>7.</b>	<b>Annual Clinical Audit Report 2012/13 and Workplan 2013/14</b>	
	<p>HW introduced Simon Joseph, Clinical Audit Manager, who gave a brief overview of the report. A substantial amount of work has been done, especially in light of so many organisational changes and new ways of working.</p> <p>Key points: All audits on the 2012/13 work plan have been completed. Actions handed over to the new Clinical Directors are being well monitored. Training packages are available to clinical staff, with centrally driven audits being replaced by locality ones. Clinical Directors are now encouraged to propose audits in line with there local priorities.</p> <p>The workplan will be developed over the year and more relevant, with content driven from the bottom up. Clinical Audit sits squarely within the Academy now and will be a key aspect of quality improvement within the organisation. The</p>	

	final report was approved by the Clinical Audit Group on 4 July and was noted by the Committee.	
<b>8.</b>	<b>Equality and Diversity Report</b>	
	<p>Presented by KH. Significant work has been undertaken during 2012-13 to progress the equalities agenda. Equality and diversity champions have worked alongside the Equality and Diversity Advisor to enable prioritisation of various issues within delivery units' action plans. The Trust remains compliant with the equalities legislation but must prioritise agreeing a governance structure to receive assurance on and monitor the progress of the equalities agenda. The Trust is well prepared to meet the proposed Bristol equality KPIs however, this will require the Trust to continue to prioritise this piece of work.</p> <p>Background was given within the report with areas to note in relation to governance and accountability, commissioners' expectations, equality objectives and recommendations for 2013-14. The equality objectives will not be realised within the first year and are planned to progress over 2-3 years.</p> <p>ST voiced concern that the governance arrangements are not in place and that the framework for delivery is unclear. It was agreed that the issue should be referred back to the SMT for clear discussion and agreement on how the governance and assurance framework for this work stream should operate. HW to report back from SMT to the committee in October.</p> <p>The report was noted by the Committee.</p>	<b>HW/IT</b>
<b>9.</b>	<b>Medicines Management Group Quarterly Report</b>	
	<p>Presented by HR. The report summarises work done through the Formulary and Clinical Pathway Group (FCPG) and Medicines Management Group (MMG) January 2012-March 2013, inclusive of care agreements, formulary applications, Traffic Light Status of formulary medicines, treatment pathways and any relevant prescribing guidance, including identified work streams for 2013-14.</p> <p>The AWP position has been assessed using the NICE guidance and has proven to be very useful highlighting areas that require further work. HR asked if the report met the requirements of the Committee or was it too detailed. The Chair agreed it was. Only medicines management areas of concern needed noting with the Committee. It would be beneficial to know of results around budgets, cost implications, where the organisation was on target and any hotspots being interrogated. HR reported that new funding streams were being looked at. SMT will look at how to address shared care pathways. This report will come back to the Committee November 2013.</p>	<b>HR/HW</b>
<b>10.</b>	<b>Management Groups and Delivery Unit Compliance Exception Reports</b>	
	<p>None to report.</p> <p>B-BJ did request some guidance on what types of exceptions need to come to the Committee. The Chair explained that the Committee was there to take</p>	

	potential action if deemed necessary and back up the Clinical Directors where areas of exception were not being addressed after having tried other routes to reach a conclusion. The Chair encouraged the Clinical Directors to use the Committee as a platform to voice any questions.	
<b>11.</b>	<b>Policies:</b>	
	<p>a) Rapid Tranquilisation - updates were highlighted. Wards would be moving to a new early warning chart system. The policy was noted and approved subject to ratification by additional NED.</p> <p>b) Windows policy - Swindon have led on risk assessment. The key amendments are around the removal of window restrictors from ground floor locations where appropriate for the use of the space. This policy will be reviewed by the Committee in October 2013 as further amendments are to be made. Some administration changes were made. The policy was approved subject to ratification by an additional NED.</p> <p>c) Fire safety policy - the policy has been updated simply to reflect the changes within the organisation of service delivery units, and there is no fundamental change to our approach to fire safety. The policy was approved subject to ratification by an additional NED.</p>	
<b>12.</b>	<b>Draft Guidance for Delivery Units Reporting to the Quality &amp; Standards Committee</b>	
	The committee welcomed the guidance and it was agreed to be appropriate. ST requested any further comments on the guidance to go directly to AT.	
<b>13.</b>	<b>Any Other Business</b>	
	The revised dates for the Quality and Standards Committee meetings from October 2013 were agreed.	
<b>14.</b>	<b>Date of next meeting</b>	
	<b>3 September 2013 1-4pm</b> <b>Locality: Wiltshire</b> <b>Training Room, Marshall Road,</b> <b>Greenlane Hospital, Devizes SN10 5EQ</b>	

<b>Quality and Standards Committee dates for 2013/14</b>		
<b>Date</b>	<b>Time</b>	<b>Venue</b>
22 <sup>nd</sup> October	1pm – 4pm	Conference Room, Fromeside, Blackberry Centre, Manor Road, Fishponds, Bristol BSBS16 2EW
19 <sup>th</sup> November	1pm – 4pm	Beech Room, Sandalwood Court,

		Highworth Road, Swindon, Wiltshire Sn3 4WF
12 <sup>th</sup> December	1pm – 4pm	Willow Room, NHS House, Combe Park, Bath (RUH site) BA1 3QE
14 <sup>th</sup> January	1pm – 4pm	Anchor Room, The Coast Resource Centre, Diamond Batch, Locking Castle, Weston Super Mare BS24 7AY
18 <sup>th</sup> February	1pm – 4pm	Conifers Meeting Room, 1 <sup>st</sup> Floor, Blackberry Centre, Manor Road, Fishponds, Bristol BS16 2EW
18th March	1pm – 4pm	Conference Room, Jenner House, Langley (Road) Park, Chippenham, Wiltshire <i>sat nav SN15 1DG</i>

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