

Minutes of an Extraordinary Meeting of the AWP Trust Quality & Standards Committee

Held on Wednesday 7th May 2014, 1400-11500

Venue:- Seminar Room 3, Jenner House, Chippenham

These Minutes are presented for **Approval**

Members Present

Susan Thompson (Chair) – Non-Executive Director
Ruth Brunt – Non-Executive Director

Dr Hayley Richards – Medical Director
Alan Metherall – Acting Director of Nursing

Staff In attendance

Alison Devereux-Pearce - Governance Support Officer (Minutes)
Paul Daniels – Head of Health & Safety

Sherlie Arulanandam – Consultant, Liaison Psychiatry (in part).

Action

Introductions were made and apologies received and noted from Carol Bowes, Clinical Director.

QS/14/017 – Declaration of Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Committee Agenda.

None were received.

QS/14/018 – Antimicrobial Policy

- 1 The policy presented has arisen from the recent Health & Social Care Act as a requirement for care givers and to give clarity over confusion in existing guidelines. The Antimicrobial Policy will be used in conjunction with the Trust's Medication Policy as instructed by the Chief Pharmacist.
- 2 The Medication Optimisation Group will be responsible for overseeing and implementing and assurance was given over periodical auditing.
- 3 Ruth Brunt questioned if there will be an awareness launch? The Medical Director confirmed that this will go out through the usual alert process as a new policy and will affect changes in teams training. All consultants will be aware of this accordingly and this policy can also be included as an alert in 'Safety Matter'.
3. The Committee **resolved** to **APPROVE this** policy and **agreed** for it to be reviewed in 1 year.

QS/14/019 – Roster Policy

1. The policy presented is an existing Trust policy but amendments are required for safer staffing requirements and to meet expectations in the Chief Nursing Officer's document as outlined in the additional points 5., 5.2, 6.1 and 6. This staffing mix, once agreed, will be presented to the Trust Board in May 2014.
2. The Chair enquired if this Safer Staffing policy will require an additional review or updating? The Board is expected to sign this off this month for the next six months with no further changes.
3. The committee **resolved** to **APPROVE** this policy.

QS/14/020 – Tertiary Techniques Policy

1. This existing policy presented is in conjunction with the Violence and Aggression Policy which is being addressed nationally. Techniques utilised are the last resort in any intervention.
2. A recent national report confirmed that restraining Service Users on floors does happen and when this does is outside of policy which needs to reflect honestly in emergency responses. Restrictive practices report is being presented to the Committee at the next meeting on 20th May outlining the re-launch of violence and reduction group reporting accountability. AM to ensure requirements are to be overseen/ escalated from MHLG to CIOG and Q&S for assurance whilst interpreting key action points from the RCN report for guidance.
3. Work streams data is now back with DoH which indicates a 'holding' position for this policy until a revised policy and procedures for prevention to 'prone' restraint can be amended pending further national guidance.
4. Tertiary techniques triggers an incident report automatically and nationally definitive guide to incidents. MHLG will be monitoring trends in violence & aggression which will appear on the new dashboard and assurance reports through CIOG to understand the wider aspects. The need to categorise of a 'prone' element of restraint is undertaken and for how long will be required in future reporting.
5. The committee **resolved** to **APPROVE** this policy subject to being reviewed in one year.

QS/14/021 – Violence & Aggression Policy

1. This policy was presented to provide a 'holding' position. It has been updated and is appropriate for the Trust with no substantial changes to policy. The review cycle has been amended to 1 year.
2. The policy upholds the Trust's position over Violence & Aggression against employees, Staff, Service Users, Carers and other groups. The workgroup will look into positive behavioural support, positive care planning and how Violence & Aggression is managed including prevention based work on safer wards.

3. The issue of Violence & Aggression was mentioned in the staff survey and may arise in the pending Inspection; Ruth Brunt questioned if a re-launch of policy will occur to raise staff awareness to embed change? The Medical Director commented that more change will occur gradually by means of feedback to staff and confidence increasing. The Acting Director of Nursing will liaise with Sarah Jones, Head Nurse, regarding this communications issue to raise profiles. Rachel Clark , Programme Director of Development, to also be kept informed by the Medical Director.
4. The Committee **resolved** to **APPROVE** this policy and agreed it will be reviewed in 1 year.

QS/14/022 – COSHH

1. The policy is existing but requires renewal after 3 years. No significant change to policy or legalisation is reported and assurance was given by the Head of Health & Safety that the policy is fit for purpose after a review.
2. The Committee **resolved** to **APPROVE** the policy.

QS/14/023 – Risk Assessment Policy

1. The Risk Assessment Policy has been reviewed and is due for renewal within its 3 year cycle in accordance with new policies and strategies arising from risk escalation, risk assessments, proportionate risks and escalation of processes.
2. The Committee **resolved** to **APPROVE** the policy subject to change of a typing error on the 'Policy on a Page' by the Head of Health & Safety.

QS/14/024 – Asbestos Estates Policy

1. The Asbestos Estates Policy requires a 3 year review on the existing policy and statutory duty/ legislation as per the policy on page. The Trust has very few areas of asbestos, but each building has an asbestos register. The policy covers management, maintenance, levels of responsibility and PFIs.
2. The content of the policy has had very little change but makes reference to new legislation introduced. Assurance was given by the Head of Health & Safety that the policy is fit for purpose. An amendment was identified in a change of lead in section 6.2; the Director of Resources was the confirmed lead.
3. The Committee **resolved** to **APPROVE this policy subject to identifying the lead Director as Director of Resources** and amending accordingly by the Head of Health & Safety.

QS/14/025 – Falls Policy

1. The Falls Policy was presented on behalf of Falls Group Lead Claire Leonard by the Head of Health & Safety. This existing policy has been split down into a

clinical stream and that of a general falls prevention under Health & Safety.

2. The Clinical stream has been reviewed using new best practice assessment tools for falls and recording on RiO notes with the expectation of all dementia patients and increased risk of falls to be risk screened. Clear guidance given on functional wards for risk assessment which also applies to adult acute wards incorporating safe bed space for that patient and tripping hazards contained in appendices.
3. Page 7 outlines the new pathway for risk of falls for patients admitted if suffering from Dementia or Adults of Working age, or over 65's with indicators along with recording of care plans and best practice. Adverse incidents are also recognised within the policy and the Falls Lead will provide a re-launch with training once this policy is approved.
4. Feedback has been received regarding the NTDA and 'safety thermometer' for days with high occurrences on a number of months. The group are reviewing and doing further work. It was recognised that the Incident rates on Laurel ward will impact on these 'harm free' days.
5. Ruth Brunt made an observation over the perceived abdication of responsibility? The policy refers to Physiotherapy within a stronger health setting and refers to Physio to assess and manage the falls risks. The Head of Health & Safety assured the Committee that nursing staff will manage on a day to day basis. This was reiterated further by the Acting Director of Nursing who recognised the requirement of assurance of multi-disciplinary working. The Medical Director commented that the Trust is no longer using the description of 'working age' if upholding an ageless service. The committee discussed if the policy/ risk assessments it advocates are exclusive rather than inclusive if not routinely assessing people under 50?
6. It was discussed and agreed that the Head of Health & Safety is to rework the wording and terminology on the flowchart in page 7. Section 6.3 – Director of People to be deleted and the Head of L&D is agreed as the lead for training. Executive responsibility to will fall to the Director of Nursing and the chart and policy will be reworked to reflect a non-discriminatory ageless service as discussed.
7. The committee **resolved** to **APPROVE** this policy with the agreed amendments.

QS/14/026 – Health & Safety Policy

1. The Health & Safety Policy is reviewed and updated every year as per best practice recommendations.
2. Section 6.7 is concerned with protecting young people who may be visiting the Trust's wards on work experience at medical sites if interested in a career opportunity in a Mental Health setting. The policy sets out conditions and risk assessments including those for protecting young people to disinhibited behaviour etc. High risk and secure/ PICU units are deemed not appropriate but it was acknowledged that using a dynamic process as approved by the Ward

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Sponsored by the Chair

Manager on the day is to be followed in addition. The main change to the policy is not excluding under 18's working on ward but ensuring the clinical setting is supervised and appropriate.

3. Appendix 4 provides revised safety guidance from HSC.
4. The Committee **resolved** to **APPROVE this policy providing the 'live links' of each policy mentioned within the policy are available to staff when accessing electronically.**

QS/14/027 – Any other Business

1. The Chair and Committee agreed in the future a Quarterly Policy Review session is to be agenda'd before or after the main body of the committee meeting, but urgent policies can be reviewed before then, if required.

QS/14/028 – Items to escalate to Board or Horizontal reporting to other Committees

1. None was reported

Next Meeting

20th May 2014, 1330-1630, Jenner House – Maple Room.