

**Minutes of the Quality Committee – Part A
Tuesday 8 October 2019 at 9.30am
in Meeting Room 1&2 at Trust Headquarters**

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Miss Helen Grantham, Non-executive Director
Dr Claire Kenwood, Medical Director

In attendance:
Dr George Crowther, Consultant Old Age Psychiatrist (for agenda item 10)
Mr Steven Dilks, Service Manager for Forensic Services (for agenda item 6)
Mrs Cath Hill, Associate Director for Corporate Governance
Dr Jonathan King, Consultant Psychiatrist (for agenda item 6)
Ms Sarah Layton, Mental Health Legislation Team Leader and Governor – Staff:
Non-clinical (to present item 11 and to observe the meeting)
Miss Kerry McMann, Corporate Governance Team Leader (Committee Secretariat)
Ms Jane Riley, Chief Pharmacist (for agenda item 12)
Dr Sophie Roberts, Clinical Director for Specialist Services (for agenda item 6)
Mrs Linda Rose, Head of Nursing and Patient Experience (for agenda item 8)
Ms Nichola Sanderson, Deputy Director of Nursing
Mrs Alison Thompson, Head of Research and Development (for agenda item 10)

Action

Welcome and Introduction

Professor (Prof) Baker welcomed everyone to the meeting.

19/121 Apologies for absence (agenda item 1)

Apologies were received from: Mrs Claire Holmes, Director for Organisational Development and Workforce; and Mrs Cathy Woffendin, Director of Nursing, Quality and Professions.

Apologies were also received from: Ms Nikki Cooper, Head of Performance; and Ms Rebecca Le-Hair, Head of Quality and Clinical Governance; who are attendees of the Committee.

It was noted that Ms Sanderson was deputising for Mrs Woffendin.

The Committee was quorate.

19/122 Declaration of any conflict of interest in respect of agenda items (agenda item 2)

No one present declared a conflict of interest in respect of agenda items.

19/123 Minutes of the Quality Committee meeting held on the 10 September 2019
(agenda item 3)

Prof Baker **informed** the Committee that going forward, part A minutes of the Quality Committee would be available on the Trust's public website. The Committee **agreed** that the minutes of the Quality Committee meeting held on the 10 September 2019 were a true record and were suitable to be displayed on the Trust's website.

19/124 Matters arising – Learning Disabilities update on the implementation of the Intensive Support Team (agenda item 4.1)

The Committee **received** an update on the development of the new Intensive Support Team within the Learning Disabilities Service. Mrs Forster Adams **informed** the Committee that there had been a delay in recruitment, and that the service should be fully established by January 2020.

Mrs Forster Adams **agreed** to provide a further update in January 2020.

JFA

19/125 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It discussed the action around the aligning of the quality dashboard with the 'STEEEP' Model. Dr Kenwood agreed to speak with Mr Wylde and Ms Cooper to schedule an update on this action.

The Committee next discussed the action around intra-muscular Clozapine. Dr Kenwood informed the Committee that a proposal had been presented to the Medicines Optimisation Group which suggested a standard operating procedure would be created which would cover intra-muscular Clozapine amongst other medicines. The Committee noted the progress update.

The Committee was **assured** on progress made on the actions within the cumulative log and **agreed** on which actions should be closed.

19/126 Forensic Service Annual Quality and Safety Report (agenda item 6)

Mr Dilks presented the Annual Quality and Safety Report for the Forensic Service. He provided an overview of the service and outlined the key highlights and developments over the year, which included the development and implementation of a Forensic Service Vision and Clinical Model, and the re-opening of Westerdale Ward. He then outlined that the main challenge that had been faced over the year was medical staffing.

Mr Dilks informed the Committee that one of the next objectives was to develop and implement a Workforce Strategy for the Forensic Services. The Committee welcomed this; Miss Grantham suggested that once the Workforce Strategy had

been devised, it could be presented to the Workforce Committee.

The Committee next discussed the issues faced around medical staffing, particularly at Clifton House, in depth. Mrs Forster Adams asked whether this issue was specific to the Trust. Dr King informed the Committee that there was a shortage of Forensic Psychiatrists nationally, and also a low number of trainees.

The Committee discussed the differences across the two sites (York and Leeds). It noted that there were a higher number of incidents reported at the Leeds site, which had a more stable workforce. It questioned whether the correct service models were in place across the two sites. The Committee explored the link between the Forensic Service and the Rehab and Recovery Services.

Prof Baker questioned why there was a significant difference between the number of referrals and the number of admissions. Dr King explained that many of the referrals were for risk assessments and opinions. The Committee asked that the next report include more information on the Community Forensic Services. Dr King provided a verbal update on the Community Forensic Services.

The Committee **discussed** the annual quality and safety report for the Forensic Service in detail. It **noted** the content and **thanked** Mr Dilks and Dr King.

Mr Dilks, Dr King and Dr Roberts left the meeting.

19/127 Review of the Services Annual Quality and Safety Reporting Process (agenda item 7)

The Committee **noted** that this item had been deferred until the next meeting on the 12 November 2019.

Mrs Rose joined the meeting.

19/128 Progress Report on the Positive and Safe Action Plan (agenda item 8)

Mrs Rose presented the progress report on the Positive and Safe Action Plan. The Committee acknowledged the progress with the action plan. It questioned when the Trust would start to see significant changes to the use of restrictive interventions; acknowledging that the quality dashboard included a metric around the number of restraints as a whole, not specific types and that this number had increased slightly. Mrs Rose explained that some services had embedded the framework quicker than others, and that a culture change around the use of restrictive interventions would take time. She emphasised the importance of the Trust working on this culture change together, not as single services.

The Committee asked whether there were any concerns around the completion of the actions in the timescales allocated. Mrs Rose outlined that although she was satisfied about the timescales for the actions, difficulties had been faced around data analysis. Mrs Sanderson confirmed that she was working with the Informatics Team to resolve this issue.

The Committee explored whether there had been support from the Continuous Improvement Team on the Positive and Safe Action Plan. Dr Kenwood informed Mrs Rose of an action that had been set for Ms Riley, Chief Pharmacist, around the use of medications as restrictive interventions. She recommended that Mrs Rose contact Ms Riley to align the work around the Positive and Safe Action Plan with the medicines optimisations work.

LR/JR

The Committee noted that a 12 month progress report on the Positive and Safe Action Plan would be presented to the Committee in April 2020.

KM

The Committee **received** the update and **noted** the progress made with the Positive and Safe Action Plan. It **acknowledged** the effort that had gone into the work.

Mrs Rose left the meeting.

19/129 **Quality Improvement Priorities Q2 Progress Report** (agenda item 9)

Ms Sanderson **presented** the Quality Improvement Priorities Q2 Progress Report and **assured** the Committee that all priorities were on track with the exception of 'always events' due to vacancies within the team.

Prof Baker **acknowledged** that the submission date for the priority around the triangle of care had been extended to September 2020; the Committee **noted** the reasons for this. It **recommended** that Ms Sanderson speak with Ms Amanda Burgess, Strategic Development Manager, to potentially reframe the priority.

NS

Mrs Thompson and Dr Crowther joined the meeting.

19/130 **Research and Development Annual Report** (agenda item 10)

Mrs Thompson presented the Research and Development Annual Report. Mrs Thompson informed the Committee that at the time the report was written, the Trust was ranked 11th out of 50 mental health trusts relating to the amount of Research Capability Funding (RCF) generated from NIHR grant. She reported that the Trust was now ranked 6th out of 50. The Committee praised this development. Mrs Thompson and Dr Crowther provided an update on the work that had been undertaken by the team since the annual report had been written.

Mrs Thompson next informed the Committee of plans to expand the Annual Research Conference with the support of the Clinical Effectiveness Team, Quality Improvement Team and the Performance Team. The Committee was pleased to hear about the involvement of different teams. Miss Grantham asked about the learning from unsuccessful bids, and questioned whether any themes had arisen. Mrs Thompson informed the Committee that the bids were for National Institute of Health Research funding which had a national success rate of one in four. The Committee acknowledged this.

Prof Baker asked how the RCF funding had been spent. Mrs Thompson assured the Committee that the funding had been spent according to the principles agreed

by the Research Committee and that all decisions had been approved by the Research Committee. The Committee noted that the Research and Development Strategy was scheduled to be a topic at the Board of Directors Strategic Discussion Session on the 31 October 2019. It asked Mrs Thompson to provide the Board with a briefing document, prior to the strategic discussion session, to outline the work that had been carried out since the annual report had been written. Mrs Thompson agreed to include a breakdown of how the RCF funding had been spent. It was noted that this document was to be sent to Mrs Hill.

AT

The Committee **received** the Research and Development Annual Report and **noted** the content.

Mrs Thompson and Dr Crowther left the meeting.

19/131 Mental Health Act Compliance Report (agenda item 11)

Ms Layton **presented** the Mental Health Act Compliance Report. The Committee **recalled** an update that had been provided around training compliance at the Board of Directors meeting on the 26 September 2019 as part of the Mental Health Legislation Committee Chairs Report.

The Committee was **significantly assured** of the increase in training compliance from 34.5% to 75%. The Committee **acknowledged** the compliance levels for training around equality and diversity. Ms Layton **assured** the Committee that the Mental Health Legislation Committee would continue to monitor the levels of compliance in regard to training.

Mrs Riley joined the meeting. Ms Layton left the meeting.

19/132 Progress Report on the Gosport Report Findings (agenda item 12)

Ms Riley informed the Committee that she was attending on behalf of the Clinical Cabinet and presented the progress report. The Committee discussed clinical supervision; it noted that a report would be presented to the Committee on the 11 February 2020 on this. The Committee next discussed the Trust's approach to the de-prescribing of medicines; it agreed that a focused update on the plan for de-prescribing should be provided in six months' time.

JR

The Committee **received** the progress report and was **assured** on the work that had been carried out around the Gosport Report findings.

19/133 Non-executive Director Service Visits Quarterly Report (agenda item 13)

Mrs Hill presented the Non-executive Director Service Visits Quarterly Report. Mrs Forster Adams drew the Committees attention to a comment on the feedback form from the service visit to Forward Leeds around the loss of resource. She reminded the Committee of the assurance that she had provided at a previous meeting that where there was an income reduction that led to a decision around

reducing resources, a quality impact assessment would be carried out beforehand. She informed the Committee that the decision at Forward Leeds had not gone through the internal quality impact assessment, as it had gone through the Forward Leeds Partnership's governance process. Mrs Forster Adams assured the Committee that she had asked for this to be picked up internally along with any similar instances in the future.

Mrs Forster Adams next drew the Committees attention to a comment on the feedback form from the service visit to the Dementia Inpatient Services at The Mount around delayed transfer of care. The Committee agreed that there should be a discussion on this at the private meeting of the Board of Directors on the 28 November 2019.

CHill

The Committee **received** the Non-executive Director Service Visits Quarterly Report and **noted** the contents.

19/134 **Improved Quality Reporting to replace Safety Thermometer Collection** (agenda item 14)

Ms Sanderson **presented** a paper which provided a summary of the work undertaken to inform a proposal to replace the point prevalent collection and reporting of Safety Thermometer measures with improved data analysis and reporting of patient safety measures.

The Committee **discussed** and **approved** the proposal to replace the collection of point prevalent Safety Thermometer data.

19/135 **Combined Quality and Workforce Performance Report** (agenda item 15)

The Committee reviewed the Combined Quality and Workforce Performance Report. Miss Grantham confirmed that the Workforce Committee had reviewed the workforce metrics at its first meeting on the 1 October 2019. She explained that the Committee would be reviewing the Trust's vacancies in depth.

Prof Baker informed the Committee of a request from the Safeguarding Team to shift from providing monthly data in the Combined Quality and Workforce Performance Report to providing quarterly data. The Committee approved the request.

The Committee **received** the Combined Quality and Workforce Performance Report and **noted** the content.

19/136 **Assurance and Escalation Reporting** (agenda item 16)

Dr Kenwood provided an update from the Trustwide Clinical Governance Group meeting on the 3 October 2019. She informed the Committee that the Allied Health Professionals (AHP) Strategy was now into its second year, and confirmed that all milestones had been met. Dr Kenwood next provided an update on the challenges faced by the CONNECT Eating Disorders Service. She informed the Committee that the issues had been raised at the new Care Models Board.

Dr Kenwood went on to inform the Committee of staffing issues within the Electroconvulsive Therapy (ECT) Team which had affected the amount of ECT that could be provided over the last four weeks. Dr Kenwood informed the Committee that she had been assured that the amount of ECT provided had now returned to normal. She informed the Committee that a themed review would be carried out around this.

Dr Kenwood then informed the Committee that there had been another issue with the Electronic Prescribing and Medicines Administration (EPMA) system. She informed the Committee that it would continue to be monitored. Dr Kenwood confirmed that Ms Riley was looking into the issue and that she was working with the company who owned the EPMA system to resolve it.

Ms Sanderson informed the Committee that the flu vaccination process had begun and that the Trust's frontline staff had been the first priority. She explained that from 25 October 2019, non-frontline staff would be able to receive the flu vaccination.

The Committee **noted** the updates provided.

19/137 Key Messages and/or any Matters to be escalated to the Board of Directors (agenda item 17)

The Committee **agreed** that the discussion that had taken place on the following areas would be escalated to the Board of Directors:

- The challenge of delayed transfer of care at the Mount.

19/138 Any Other Business – Digital Agenda (agenda item 18.1)

The Committee **discussed** the action that had been delegated to the Committee by the Board; to consider the digital agenda from the perspective of the Quality Committee. It **agreed** that the areas of focus for the Board should include:

- the inclusion of digital innovation in research and development bids
- the Trusts ability to analyse data and present it in the most appropriate way.

19/139 Any Other Business (agenda item 18)

The Committee **agreed** that there was no other business.