

Minutes of the Quality Committee – Part A
Tuesday 11 February 2020 at 9.30am
in Meeting Room 1&2 at Trust Headquarters

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
 Miss Helen Grantham, Non-executive Director
 Mrs Claire Holmes, Director of Organisational Development and Workforce
 Dr Claire Kenwood, Medical Director
 Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Dr Chris Hosker, Professional Lead for Psychiatry (observer)
 Ms Samantha Marshall, Complaints and Legal Services Lead (for item 6)
 Ms Kerry McMann, Corporate Governance Team Leader (committee secretariat)
 Ms Linda Rose, Head of Nursing and Patient Experience (for item 7)
 Ms Jo White, Inspector, Care Quality Commission (observer)

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
20/018	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Mrs Joanna Forster Adams, Chief Operating Officer, who is a member of the Committee.</p> <p>Apologies were also received from: Ms Nikki Cooper, Head of Performance; Mrs Cath Hill, Associate Director for Corporate Governance; and Ms Rebecca Le-Hair, Head of Quality and Clinical Governance; who are attendees of the Committee.</p>	
	The Committee was quorate.	
20/019	<p>Declaration of any conflict of interest in respect of agenda items (agenda item 2)</p>	
	No one present declared a conflict of interest in respect of agenda items.	
20/020	<p>Approval of the minutes of the Quality Committee meeting held on the 14 January 2020 (agenda item 3)</p>	
	The minutes of the Quality Committee meeting held on the 14 January 2020 were agreed as a true record.	
20/021	<p>Approval for the minutes above to be uploaded to the Trust’s external website (agenda item 3.1)</p>	

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 14 January 2020 were suitable to be uploaded to the Trust's external website.

20/022 Matters Arising (agenda item 4)

The Committee **noted** that there were no matters arising that were not either on the agenda or on the action log.

20/023 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It asked for an update on the action for Mrs Woffendin, Dr Kenwood and Miss McMann to develop a cumulative issues log. The Committee was informed that any escalations made from other groups or committees would be logged on a cumulative issues log, which would be presented at each meeting for information. The Committee agreed that this action could now be closed.

The Committee next discussed the action for the physical health tool to be used for the Older People's Inpatient Dementia wards. Mrs Woffendin informed the Committee that an update on this would be included in the Director of Nursing Report at the Board of Directors meeting on the 26 March 2020.

Miss McMann provided an update on the action for Mrs Forster Adams to check the accuracy of the data around medical consultant vacancies with Ms Cooper. It was confirmed that the data was accurate. The Committee agreed that this action could now be closed.

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

20/024 **Combined Complaints, Concerns, PALS, Compliments and Patient Safety Quarterly Report** (agenda item 6)

Mrs Marshall presented the report. She informed the Committee that the report contained the data from quarter three, and now included Statistical Process Control charts. In particular, she highlighted that NHS Resolution had been asked to speak at the Trusts next learning event in June 2020, which would focus on suicide prevention, and that a programme of training had been devised for staff on completing investigations across complaints and incidents.

Mrs Marshall went on to inform the Committee that a number of complaints had been received which were related to incidents that had occurred over 12 months ago. She informed the Committee that although the complaints were not within the 12 month timescale in accordance with the regulations, they would still be looked into and an attempt to resolve the complaint would still be made. She informed the Committee that the complaints would be reviewed by the Patient Advice and Liaison Service (PALS), the relevant clinical staff and Advonet and a response would be generated. The Committee welcomed this approach and agreed that it linked in with the Trust's ongoing Culture Collaborative work.

The Committee drew attention to the number of information requests received by PALS. It suggested that a frequently asked questions section be added to the PALS area of the Trust website. Mrs Marshall confirmed that the PALS team was working with the Citizens Advice Bureau to develop something similar. Miss Grantham drew attention to a graph which identified the outcome of those complaints that had been closed between 2017 and 2019. The Committee agreed that it would be useful to see a comparison of the outcomes in 2017 against the outcomes in 2019. Mrs Marshall agreed to provide this information. The Committee acknowledged that the new process for PALS to triage complaints had led to quicker resolutions for informal complaints. It went on to discuss the links between PALS, the Complaints Team and the Patient Experience Team. It noted the ongoing work to strengthen the links between the teams.

SM

The Committee discussed prescribing errors. It noted that in line with the Trust's Duty of Candour procedure, a formal letter of apology must be issued for any errors that cause or could cause harm. The Committee questioned how frequently this occurs. Mrs Marshall agreed to provide this information.

SM

The Committee **received** a report which contained the quarter three data on Complaints, Concerns, PALS, Compliments and Patient Safety and **discussed** it in detail.

Ms Rose joined the meeting. Mrs Marshall left the meeting.

20/025 Patient Experience and Involvement Progress Report (agenda item 7)

Mrs Woffendin presented the Patient Experience and Involvement Progress Report. She tabled the draft Patient Experience and Involvement Strategy and informed the Committee that this had been co-produced with service users and carers. She confirmed that the strategy would be approved at the Patient Experience and Involvement Strategic Steering Group on the 13 February 2020.

The Committee acknowledged the demographic information that was collected from the SMART survey which was used for consultation on the development and design of the Patient Experience and Involvement Strategy. It noted that BAME and LGBT groups were under represented. Ms Rose informed the Committee that work was ongoing to ensure that each of the sub-groups were representative to the communities that the Trust serves. The Committee next asked about the involvement of the Voluntary Sector in this work. Ms Rose confirmed that the Trust was working with the Voluntary Sector to provide training to service users and carers for involvement activities.

The Committee discussed the Service User Reimbursement Policy that had been refreshed. It noted that the Trust would adopt a payment structure in line with the current living wage for over 25 year olds and minimum wages for those under 25 years old. It expressed concern that there was not one rate for all. Mrs Woffendin confirmed that the approach was in line with national guidance, had been benchmarked against other organisations and that the service users and carers who had co-produced the Policy had been satisfied that it was a fair approach.

The Committee next discussed the Triangle of Care Framework. It noted that the submission date to achieve stage two accreditation had been delayed until September 2020. It questioned whether this was achievable by the submission date. Ms Rose confirmed that it was achievable, and assured the Committee that all 53 of the Trust's services had now completed the Triangle of Care Self-Assessment Tool.

Miss Grantham questioned what was in place to assess the long term outcomes of this work and the impact it has had. Mrs Woffendin directed the Committee to the detailed action plan which she confirmed was tracked through the Patient Experience and Involvement Strategic Steering Group and its sub-groups. She added that a workshop event would be held on the 9 April 2020 to capture feedback from services users and carers on the work that has been carried out, and that the event would have a 'you said, we did' theme. The Committee discussed the involvement of the Trusts Council of Governors in this work. It suggested that an update on this go to a future Council of Governors meeting. Mrs Woffendin agreed to circulate the draft Patient Experience and Involvement Strategy to the Council of Governors.

CW/KM

The Committee **received** the Patient Experience and Involvement Progress Report and **acknowledged** the progress made within the last six months.

20/026 Combined Quality and Workforce Performance Report (agenda item 8)

The Committee received the Combined Quality and Workforce Performance Report and reviewed the information provided. It noted that this report had been discussed at the Board of Directors meeting on the 30 January 2020 and the Council of Governors meeting on the 4 February 2020. The Committee discussed the complaints data and commended the significant improvements made.

The Committee drew attention to the data on the number of restraints incidents and questioned the recent increase. It noted that the data on violence and aggression incidents and self-harm incidents had not increased. The Committee asked for a narrative around this to be provided in the next Combined Quality and Workforce Performance Report. Mrs Woffendin reminded the Committee that it would receive a 12 month update on the Positive and Safe Action Plan in May 2020.

NC/CW

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

20/027 Learning Organisation Survey Results (agenda item 9)

Dr Kenwood presented the results from the Learning Organisation Survey. She informed the Committee that the Learning Organisation Survey was an evidence based measure that looked at the conditions required for learning to occur. The Committee discussed the results and noted that it had benchmarked above average.

It was agreed that this would be added to the annual cycle of business for the Committee. It suggested that the Trusts other Board Sub-committees also use this tool. Prof Baker agreed to raise this within the Chairs Report at the next Board of Directors meeting on the 26 March 2020.

KM

JB

The Committee **reviewed** the results from the Learning Organisation Survey and **agreed** to complete the survey on an annual basis.

20/028 Assurance and escalation reporting (agenda item 10)

Mrs Woffendin provided an update from the Trustwide Clinical Governance Group (TWCGG) meeting which took place on the 6 January 2020. She escalated that the Electroconvulsive Therapy (ECT) Team had been facing difficulties in carrying out physical health checks before treatment, due to lack of capacity. Mrs Woffendin assured the Committee that individuals were not receiving ECT unless the physical health checks had been completed. She informed the Committee that a business case was being composed for additional resource, and that this would be reviewed by the TWCGG. She also reported on the positive impact that had been made as a result of the changes to the complaints process now that the PALS team had begun to triage complaints.

Mrs Woffendin informed the Committee that the Infection Prevention and Control of Medical Devices Group was not due to meet until the 16 March 2020. She provided an update on the Trusts response to the outbreak of COVID-19 and confirmed that detailed action cards had been provided to all staff members.

The Committee **noted** the updates provided.

20/029 Key messages and/or any matters to be escalated to the Board of Directors (agenda item 11)

Prof Baker **noted** that he would be raising the following points to the next Board of Directors meeting:

- The progress that had been made against the recommendations that came out of the Patient Experience Review in January 2019, and the updates received around the Triangle of Care and the Patient Experience and Involvement Strategy
- The results from the Learning Organisation Survey and the suggestion that this be undertaken by all Board Sub-committees
- The Trust's approach to dealing with historic complaints, the improvement seen within the complaints data in the Combined Quality and Workforce Performance Report and the positive impact that had been made as a result of the changes to the complaints process now that the PALS team had begun to triage complaints

20/030 Any other business (agenda item 12)

Dr Kenwood informed the Committee that the Patterson Review had been recently published. She confirmed that the findings of the review would be presented to the Senior Medical Council. Dr Kenwood outlined some of the findings and the recommendations that had been made. She explained that one of the recommendations was for there to be a national register of consultants with a list of what procedures they were qualified to carry out and when they last carried out that procedure. The Committee agreed that the Trust needed to consider what procedures within the Trust required specific training and competencies that should be monitored; examples included ECT, Mental Health Legislation and the provision of specialist or legal reports.

Dr Kenwood assured the Committee on the measures that the Trust had in place to safeguard both service users and the Trust's consultants. These included: the Trusts appraisal system which asks consultants for their entire scope of work; the Trust's annual declarations process where consultants, amongst other members of staff, are asked to declare any outside employment or private clinical practice; and guidelines that had been created for consultants around appraisals. She added that the Trust had quarterly meetings with the General Medical Council.

Dr Kenwood confirmed that a report on the Trusts reflections of the findings and recommendations from the Patterson Review would be presented to a future Workforce Committee meeting.

CK

Dr Kenwood next provided an update on the Electronic Patient Records (EPR) system. She explained that as the Trust transitioned from the EPR system to the new CareDirector system, there may be difficulties in withdrawing the data that is included in the Combined Quality and Workforce Performance Report. The Committee noted this.

The Committee **discussed** two items of other business; the Patterson Review and the EPR system.