

**Minutes of the Quality Committee – Part A  
Tuesday 8 September 2020 at 9.30am  
Via Zoom**

**Present:** Professor John Baker, Non-executive Director (Chair of the Committee)  
Miss Helen Grantham, Non-executive Director  
Dr Chris Hosker, Medical Director  
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions  
Mrs Claire Holmes, Director of Organisational Development and Workforce  
Mrs Joanna Forster Adams, Chief Operating Officer

**In attendance:** Mrs Nikki Cooper, Head of Informatics  
Dr Claire Kenwood, Director of Improvement (for items 6 and 7)  
Ms Rebecca Le-Hair, Head of Quality and Clinical Governance  
Mrs Samantha Marshall, Legal Services and Complaints Lead (for item 9)  
Miss Kerry McMann, Corporate Governance Team Leader  
Dr Saeideh Saeidi, Head of Clinical Effectiveness Team (for items 6 and 7)  
Dr Susie Waddingham, Consultant Psychiatrist (for item 8)

		<b>Action</b>
	<p><b>Welcome and Introduction</b></p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
<b>20/115</b>	<p><b>Apologies for absence</b> (agenda item 1)</p> <p>No apologies were received from members of the Committee. Apologies were received from Cath Hill, Associate Director for Corporate Governance who is an attendee of the Committee.</p> <p>The Committee was quorate.</p>	
<b>20/116</b>	<p><b>Declaration of any conflict of interest in respect of agenda items</b> (agenda item 2)</p> <p>No one present declared a conflict of interest in respect of agenda items.</p>	
<b>20/117</b>	<p><b>Approval of the minutes of the Quality Committee meeting held on the 14 July 2020</b> (agenda item 3)</p> <p>The minutes of the Quality Committee meeting held on the 14 July 2020 were <b>agreed</b> as a true record subject to three minor amendments on page four.</p>	<b>KM</b>
<b>20/118</b>	<p><b>Approval for the minutes above to be uploaded to the Trust’s external website</b> (agenda item 3.1)</p>	

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 14 July 2020 were suitable to be uploaded to the Trust's external website, subject to three minor amendments on page four.

**20/119 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.

**20/120 Cumulative Action Log** (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed and acknowledged those actions that remained hibernated. Ms Le-Hair confirmed that action 20/036 had been completed.

The Committee discussed action 19/149, regarding a CQUIN Report that was due to be presented to the Trustwide Clinical Governance Group. Mrs Forster Adams explained that she had asked for an update on CQUIN to be provided at the next Finance and Performance Committee meeting and confirmed that she would provide an update to the Quality Committee at its next meeting on the 13 October 2020.

The Committee was **assured** with the progress made on the actions within the cumulative log and **agreed** on which actions should be closed. It **acknowledged** those actions that had been hibernated.

**20/121 Suicide Prevention Plan** (agenda item 6)

Dr Saeidi presented the Suicide Prevention Plan. The Committee reviewed the Plan. It discussed suicide prevention training and questioned how the training would be embedded across all areas of the Trust. Mrs Holmes explained that the Learning and Development Sub-group was a clinically led group which would finalise a model of clinical risk training. Dr Saeidi added that the Clinical Cabinet had also incorporated suicide prevention training into the clinical risk training.

The Committee acknowledged that all services had agreed to use the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) self-assessment toolkit for safer services. It suggested that a section on this could be included in the template for the Annual Quality and Safety Reports. The Committee asked whether the Plan would be reviewed in light of any national and regional changes. Dr Saeidi confirmed that the Safe and Effective Care Group would review any national changes and ensure these were factored into the Plan.

The Committee agreed that the Suicide Prevention Plan was a thorough plan and supported the implementation of the plan. It asked for a six month update report from the Safe and Effective Care Group on the implementation of the

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Plan.

The Committee discussed the Suicide Prevention Plan and **agreed** that it **supported** the Plan. It **agreed** that an update on the implementation of the Plan should be provided in six months.

**20/122 Learning from Incidents Review: the strength of actions and their impact** (agenda item 7)

Dr Kenwood presented a proposal to coproduce a theory based improvement plan in order to meet the needs of the Trust's diverse services. She confirmed that the proposal had taken into account the learning from the programme of evaluation 'Assessing the Impact of Covid-19 on the Organisation'. The Committee discussed the proposal and agreed that it was logical to adapt the proposal using the learning from Covid-19.

The Committee **received** and **discussed** the proposal.

Dr Kenwood and Dr Saeidi left the meeting. Dr Waddingham joined the meeting.

**20/123 Ethical Group within the Covid-19 national emergency** (agenda item 8)

Dr Hosker presented a proposal to invest in additional resource to support the Chair of the Ethical Advisory Group. Dr Waddingham provided an update on the work of the Group since the 14 July 2020. Mrs Woffendin added that the Physical Health Work Stream had worked closely with the Ethical Advisory Group during the Covid-19 pandemic and confirmed that she supported the development of the Group. The Committee agreed that the Group should be embedded within the Trust and considered where the Group should sit within the Trust's governance structure.

The Committee **reviewed** a proposal to invest in additional resource to support the Chair of the Ethical Advisory Group. It **supported** the development of the Ethical Advisory Group and **agreed** the Group should be embedded within the organisation.

Dr Waddingham left the meeting. Mrs Marshall joined the meeting.

**20/124 Combined Report: PALS , Complaints, Compliments, Claims, Central Alert System, Incidents, Serious Incidents & Inquests** (agenda item 9)

Mrs Marshall presented the Combined Report. She highlighted the claims benchmarking data on page six of the report. The Committee acknowledged that the number of complaints had decreased and the number of compliments had increased. Mrs Marshall explained that new processes followed by the PAL's Team had allowed complaints to be resolved quicker.

The Committee acknowledged that Estates and Facilities alerts from the Central Alert System (CAS) would no longer be processed through the Risk Management Team and would therefore not be included in future iterations of the Combined Report. It questioned how these would be monitored. Mrs Woffendin confirmed that the Trust's Executive Risk Management Group had oversight of the CAS alerts. The Committee noted this.

The Committee next reviewed the complaints data. It pointed out that Community Mental Health Teams were in the top three services for complaints around general care and poor medical care. It questioned whether this data was reviewed as part of the community redesign project. Mrs Marshall confirmed that a report with this data was presented to the Care Services Clinical Governance Group on a monthly basis.

The Committee received the Combined Report and noted the content.

Mrs Marshall left the meeting.

**20/125 Update on Covid-19 cases across the Trust** (agenda item 10)

Mrs Woffendin informed the Committee that since the last meeting on the 14 July 2020, six members of staff and two service users had tested positive for Covid-19. She confirmed that the Trust had declared two outbreaks since the last meeting; one at Clifton House and one at the National Inpatient Centre for Psychological Medicine. Mrs Woffendin explained that the Trust's Outbreak Procedure was followed during both events which had proven to be robust. She went on to outline the support that was provided for both wards during the outbreaks. The Committee noted the updates provided and was assured on the management of the two outbreaks.

The Committee **noted** the updates provided and **agreed** that it was assured on how the two outbreaks had been managed.

**20/126 Learning from Deaths Report** (agenda item 11)

Dr Hosker presented the Learning from Deaths Report. It discussed the Learning Disability Mortality Review Programme (LeDeR). Mrs Woffendin informed the Committee that the Trust was now part of a system-wide LeDeR panel which had led to the Trust receiving more information that it would have previously.

The Committee **reviewed** the Learning from Deaths Report and **noted** the content.

**20/127 Out of area placements** (agenda item 12)

The Committee **discussed** out of area placements. It **agreed** that the quality implications of out of area placements should be discussed at the next joint meeting of the Quality Committee and the Finance and Performance Committee on the 10 November 2020. Miss McMann **agreed** to add this to the forward plan.

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**20/128 Combined Quality and Workforce Performance Report** (agenda item 13)

Mrs Woffendin presented the Combined Quality and Workforce Performance Report. She highlighted that there had been no pressure ulcers recorded since October 2019. Mrs Woffendin confirmed that the data was accurate and that the decrease was a result of a significant amount of work that had been carried out over the last two years. The Committee recognised the significant improvement that had been made in this area and agreed to share this achievement with the Board of Directors at its next meeting on the 24 September 2020.

The Committee discussed clinical supervision. It noted that the percentage of staff receiving clinical supervision was below target and discussed the possible reasons for this. Mrs Holmes informed the Committee of the work that was taking place to improve this. It next discussed the number of falls that had occurred in July 2020 and explored the reasons for this. Mrs Holmes provided an update on appraisals and informed the Committee that an interim appraisal process would run between September 2020 and March 2021 to ensure compliance. The Committee noted the updates provided.

The Committee **received** the Combined Quality and Workforce Performance Report and **discussed** the content. It **acknowledged** the work carried out around pressure ulcers had led to a significant improvement.

**20/129 Quality Committee Hibernation Plan** (agenda item 14)

The Committee reviewed the Hibernation Plan and noted the proposed new dates for the reports to be presented. Mrs Forster Adams suggested that an update on the Community Redesign could be scheduled for November 2020. Miss McMann agreed to amend this. The Committee discussed some of the reports listed on the Hibernation Plan and asked the Executive Team to review the list of reports and to consider whether these were still relevant.

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The Committee **reviewed** the Hibernation Plan and **noted** the proposed new dates for the reports that had been missed.

**20/130 Assurance and escalation reporting from the Covid-19 Co-ordination Group** (agenda item 15.1)

The Committee **noted** that there were no matters to be updated on.

**20/131 Assurance and escalation reporting from the Ethics Advisory Group** (agenda item 15.2)

The Committee **received** the chairs report from the Ethics Advisory Group meeting that had taken place on the 27 August 2020 and **noted** the content.

**20/132 Assurance and escalation reporting from the Trustwide Clinical Governance Group** (agenda item 15.3)

Mrs Woffendin provided an update on the work of the TWCGG since the 14 July 2020. She informed the Committee that an agreement had been made to change the Trust branding to have more of an emphasis on being a teaching Trust. The Committee noted the information provided.

The Committee **received** the minutes of the Trustwide Clinical Governance Group meetings that had taken place since the 14 July 2020 and **noted** the content.

**20/133 Assurance and escalation reporting from the Physical Health Work Stream** (agenda item 15.4)

Mrs Woffendin provided an update on the work of the Physical Health Work Stream since the 14 July 2020. She outlined that a standing operating procedure (SOP) had been created for the Electroconvulsive Therapy Service and confirmed that the Ethical Advisory Group had been involved in the creation of the SOP. Mrs Woffendin next informed the Committee that PPE compliance had been monitored by the work stream and confirmed that compliance had improved. The Committee asked about the annual flu campaign. Mrs Woffendin confirmed that a full presentation on the 2020 flu campaign would be given at the Board to Board meeting between the Board of Directors and the Council of Governors on the 10 September 2020.

The Committee **noted** the updates provided.

**20/134 Assurance and escalation reporting from the Trustwide Safeguarding Group** (agenda item 15.5)

The Committee **received** an update on the work of the Trustwide Safeguarding Group since the 14 July 2020. Mrs Woffendin **informed** the Committee that the issue regarding the CareDirector system not showing historical information around safeguarding had been resolved. The Committee **noted** the updates provided.

**20/135 Assurance and escalation reporting from any other groups** (agenda item 15.6)

Mrs Holmes **provided** an update on the redeployment of staff across the Trust. She **informed** the Committee that 34 staff members remained redeployed and **explained** that only 8 of those staff members had been redeployed due to reasons relating to covid-19. The Committee **noted** the update provided.

**20/136 Cumulative escalations log – for information only** (agenda item 15.7)

The Committee **reviewed** the cumulative escalations log.

**20/137 Key messages and/or any matters to be escalated to the Board of Directors** (agenda item 16)

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

- The Committee was informed of two outbreaks that had occurred in the Trust during August 2020 and agreed that it was assured around the management of the outbreaks and the robustness of the Trust's Outbreak Procedure.
- The Committee received the Combined Quality and Workforce Performance Report. It noted that no pressure ulcers had been recorded since October 2019 and was assured that this was not a recording error. The Committee recognised the significant amount of work that had been carried out over the last two years around pressure ulcers.
- The Committee reviewed the final iteration of the Suicide Prevention Plan and agreed that it supported the Plan. It was assured that the Plan would be reviewed in light of any national or regional changes to suicide prevention. It asked for an update on the implementation of the Plan to be brought back in six months.
- The Committee reviewed a proposal to invest in additional resource to support the Chair of the Ethical Advisory Group. It agreed that it supported the development of the Ethical Advisory Group and agreed the Group should be embedded within the organisation.

**20/138 Any other business** (agenda item 17)

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