

Minutes of the Quality Committee – Part A
Tuesday 10 November 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
Mr Eddie Devine, Head of Operations for Community and Wellbeing Services (for item 12)
Mrs Pamela Hayward-Sampson, Safety and Risk Lead (for item 7)
Mrs Cath Hill, Associate Director for Corporate Governance
Mr Andrew Johnson, Governor: Clinical staff constituency (observing)
Ms Rebecca Le-Hair, Head of Quality and Clinical Governance
Miss Kerry McMann, Corporate Governance Team Leader
Dr Jamie Pick, Consultant (for item 12)
Mrs Jane Riley, Chief Pharmacist (for item 6)
Mrs Nicola Walker, Quality Governance Project Manager (for item 8)

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
20/160	<p>Apologies for absence (agenda item 1)</p> <p>No apologies were received from members or attendees of the Committee.</p> <p style="background-color: #cccccc;">The Committee was quorate.</p>	
20/161	<p>Declaration of any conflict of interest in respect of agenda items (agenda item 2)</p> <p style="background-color: #cccccc;">No one present declared a conflict of interest in respect of agenda items.</p>	
20/162	<p>Approval of the minutes of the Quality Committee meeting held on the 13 October 2020 (agenda item 3)</p> <p style="background-color: #cccccc;">The minutes of the Quality Committee meeting held on the 13 October 2020 were agreed as a true record.</p>	

20/163 Approval for the minutes above to be uploaded to the Trust's external website (agenda item 3.1)

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 13 October 2020 were suitable to be uploaded to the Trust's external website.

20/164 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.

20/165 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. The Committee discussed action 20/158 which was a request for the Ethical Advisory Group to discuss the Gender Identity Service's waiting list. The Committee agreed that this action could be closed as it would be discussed at the joint meeting of the Quality Committee, Workforce Committee and the Finance and Performance Committee on the 10 November 2020.

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

20/166 Response to action log number 20/149 (agenda item 5.1)

The Committee recalled a statement in the October 2020 Combined Quality and Workforce Performance Report which outlined that the 2020/21 data for certain metrics was not yet available due to CareDirector related technical reporting developments. Mrs Cooper provided a brief update report which outlined the timescales for the development of those measures. The Committee thanked Mrs Cooper for the update.

The Committee **received** an update on the timescales for the development of those measures that were not yet available in the Combined Quality and Workforce Performance Report due to CareDirector related technical reporting developments.

20/167 Medicines Management Annual Report (agenda item 6)

Mrs Riley presented the Medicines Optimisation Group (MOG) Annual Report for 2019/20.

The Committee discussed the work of the MOG throughout the Covid-19 pandemic. Mrs Riley confirmed that meetings had continued and attendance at meetings had remained high. She assured the Committee that priority areas of work had progressed but confirmed that certain areas of work had been paused. It was noted that further detail on this would be included in the annual report for 2020/21. The Committee discussed the implications of the Covid-19 pandemic on the Pharmacy Team. Mrs Riley outlined that the implementation of technology for electronic prescribing had been helpful throughout the pandemic.

The Committee next discussed the audits that the Trust had taken part in and discussed both the learning from the audits and the impact that routinely participating may have on the Trust. The Committee went on to discuss medication errors and the level of service user involvement with the Pharmacy Team.

The Committee discussed EU Exit and the impact that this might have for the Pharmacy Team. Mrs Riley provided an update on the work that the Pharmacy Trust had carried out to prepare for the EU Exit. The Committee agreed that the update provided assurance.

The Committee **received** the Medicines Optimisation Group's Annual Report for 2019/20 and **discussed** the content. It **thanked** Mrs Riley for the report.

Mrs Riley left the meeting. Mrs Hayward-Sampson joined the meeting.

20/168 Learning from Deaths Report (agenda item 7)

Mrs Hayward-Sampson presented the paper. She informed the Committee that the Learning from Incidents and Mortality Review Group had now been re-established following it being hibernated in March 2020 as a result of Covid-19. Mrs Hayward-Sampson went on to inform the Committee that the Trust had reviewed 55 deaths in quarter two and confirmed that there had been a total of 13 serious incidents reported in 2020/21. The Committee noted that this was lower than what had been reported in previous years.

The Committee discussed the deaths in the Trust related to Covid-19. It went on to discuss the key learning identified from the reviews that had taken place in quarter two. It noted that communication with families was a common theme within the reviews. The Committee thanked Mrs Hayward-Sampson for the report.

The Committee **received** the Learning from Deaths Report which contained the data for quarter two. It **discussed** the content of the Report.

Mrs Hayward-Sampson left the meeting. Mrs Walker joined the meeting.

20/169 Quality Report and Account 2020/21 including Quality Improvement Priorities 2020/21 Q2 Progress Report (agenda item 8)

Mrs Le-Hair presented a report which included the proposed stages for the production of the 2020/21 Quality Report & Account and a summary of the progress that had been made against the 2020/21 Quality Improvement Priorities (QIPs) during the Covid-19 pandemic.

Mrs Forster Adams expressed concern that no update had been provided for the QIP around safety planning across the services. Mrs Woffendin pointed out that an update had been provided for the QIP around the triangle of care but was not included in the report. Mrs Le-Hair explained that due to the timescales for the production and circulation of the report, not all updates had been included. The Committee acknowledged this. It agreed that it was a useful report and thanked Mrs Le-Hair. It agreed that in the future the Committee should be involved in the setting of the QIP's.

The Committee **received** a report which provided an update on the production of the 2020/21 Quality Report and Account and the progress made towards the QIP's. It **agreed** that it was a useful report and **requested** to be involved in the setting of the QIP's for 2021/22.

Mrs Walker left the meeting.

20/170 Update on Covid-19 cases across the Trust (agenda item 9)

Mrs Woffendin confirmed that as of the 10 November 2020 nine service users had been confirmed positive within 14 days of a test. She outlined that some of these had been new admissions. Mrs Woffendin added that 80 staff members had been reported as being symptomatic and confirmed that 11 of those had tested positive for Covid-19.

Mrs Woffendin informed the Committee that there had been an outbreak on Ward 4 that had been managed in line with the Trust's Outbreak Procedure. She went on to inform the Committee that 12 staff members were self-isolating due to an issue with car sharing. She assured the Committee that additional communications had gone out to all staff to provide guidance on car sharing during this time. The Committee discussed the availability of tests for staff members. Mrs Woffendin informed the Committee that the Infection Prevention and Control Team had stepped in previously where there had been issues in accessing tests.

The Committee **thanked** Mrs Woffendin for the update.

20/171 Combined Quality and Workforce Performance Report (agenda item 10)

Mrs Woffendin presented the Combined Quality and Workforce Performance Report. She highlighted the reduction in the number of falls and informed the Committee that a detailed paper around falls had been presented to the Trustwide Clinical Governance Group. Mrs Woffendin next highlighted that the number of pressure ulcers remained nil. The Committee acknowledged the work that had been carried out to prevent pressure ulcers.

Mrs Woffendin outlined that 39 aspirant nurses had qualified and joined the Trust in September. She confirmed that ten more aspirant nurses and ten nursing associates were due to qualify before the end of 2020. The Committee was assured to see that the number of restraints recorded had dropped. It acknowledged that this was an area of interest for the Council of Governors.

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

20/172 Consideration of future areas for internal audit (agenda item 11)

The Committee **discussed** and **considered** areas for future internal audits. It **agreed** to propose the following areas to the Audit Committee:

- A follow up audit focusing on the Trust's Estates function – including the effectiveness of estates meetings and escalation processes, and the timely communications with external providers. It agreed that the purpose of the follow up audit would be to provide assurance that the recommendations from the previous audit have had a positive effect on quality.
- An audit to provide assurance on the quality of partnership working.
- An audit to provide assurance on the quality of out of area placements.

20/173 Board Assurance Framework (agenda item 13)

Mrs Hill presented the Board Assurance Framework (BAF). She reminded the Committee that this had been presented to the Board of Directors on the 29 October 2020. The Committee reviewed strategic risk one and two and discussed the key controls in place for those risks.

It discussed the dates of the assurance provided and noted that the assurance for some controls had been provided as far back as September 2018. Mrs Hill confirmed that whilst the controls may have been recently updated, the date of assurance could only be updated when assurance had been received that a control had been effective. She provided examples of how assurance could be received which included internal audit findings or the findings from Care Quality Commission (CQC). It agreed that the Executive Team should review the BAF, specifically the controls in place and assurances received.

EMT

The Committee **received** the Board Assurance Framework. It **reviewed** strategic risk one and strategic risk two and **discussed** the key controls in place for those risks.

20/174 Quality Committee Hibernation Plan (agenda item 14)

The Committee **reviewed** the Hibernation Plan and **noted** the proposed new dates for the reports that had been missed. It **acknowledged** that a discussion would take place between the Executive Directors to discuss whether any areas of work would be stepped down as a result of being in incident level four.

20/175 Quality Committee meeting dates for 2021 (agenda item 15)

The Committee **noted** the meeting dates for 2021 and **agreed** that the meetings would take place virtually via Zoom.

20/176 Quality Committee cycle of business for 2021 (agenda item 16)

The Committee **agreed** its cycle of business for 2021.

20/177 Assurance and escalation reporting from the Covid-19 Co-ordination Group (agenda item 17.1)

Mrs Forster Adams informed the Committee that the Gold Command Group had increased the frequency of its meetings to weekly and the Silver Command Group had increased the frequency of its meeting to three times per week. She confirmed that a discussion would take place at the next Gold Command meeting on the 11 November 2020 to review what the coordination arrangements would be going forward.

The Committee **noted** the update provided.

20/178 Assurance and escalation reporting from the Ethics Advisory Group (agenda item 17.2)

Dr Hosker confirmed that the Ethics Advisory Group was due to meet on the 12 November 2020. He outlined that discussions were due to be held around the Trust's revised redeployment approach, the waiting list for the Gender Identity Service and service user leave and visiting policies.

The Committee **noted** the update provided.

20/179 Assurance and escalation reporting from the Trustwide Clinical Governance Group (agenda item 17.3)

Dr Hosker provided an update on the work that had been carried out by the Trustwide Clinical Governance Group (TWCGG) since the 13 October 2020. He informed the Committee that progress had been made with the CQC action plans and confirmed that there had been nothing to escalate from the TWCGG.

The Committee **noted** the updates provided.

20/180 Assurance and escalation reporting from the Physical Health Work Stream (agenda item 17.4)

Mrs Woffendin provided an update on the work that had been carried out by the Physical Health Work Stream since the 13 October 2020. She highlighted the progress made with the annual flu campaign. The Committee discussed capacity within the Infection Prevention and Control Team.

The Committee **noted** the updates provided.

20/181 Assurance and escalation reporting from the Trustwide Safeguarding Group (agenda item 17.5)

Mrs Woffendin provided an update on the work that had been carried out by the Trustwide Safeguarding Group since the 13 October 2020. She informed the Committee that the Safeguarding Team was developing a parental mental health training package around co sleeping. Mrs Woffendin went on to provide an update around PREVENT. She explained that eight cases had been recorded but only one of those cases had been recorded as having been discussed in a Multidisciplinary Team meeting. She confirmed that the Safeguarding Team was looking into whether this was a recording error.

The Committee **noted** the updates provided.

20/182 Assurance and escalation reporting from any other groups (agenda item 17.6)

No further updates were provided.

20/183 Cumulative escalations log – for information only (agenda item 17.7)

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

Mr Devine and Dr Pick joined the meeting.

20/184 Update on the Community Redesign (agenda item 12)

Mr Devine presented a report which outlined: the work that had progressed during the 2019/20 to quarter four evaluations; the Community Mental Health Team (CMHT) services response implemented during the pandemic crisis phase, and how this was evaluated; and the current and future CMHT reset work to re-calibrate the CMHT service model. He highlighted the achievements and challenges that the service had faced throughout the pandemic. Achievements included the use of the Affina team coaching model, the rapid adjustment to remote working and the addition of the Community Practice Development Lead role within the CHMT's to support teams with continuous improvement work. Challenges included the recruitment and retention of registered nurses and occupational therapists, and a high vacancy and staff turnover rate which had impacted the health and wellbeing of staff.

The Committee questioned what additional support could be provided for the Service. It discussed redeployment and the Trust's approach to this going forward. The Committee went on to discuss staff health and wellbeing and clinical supervision. Mr Devine outlined the different methods that had been used to undertake clinical supervision which included reflective forums and group supervision. It was noted that the evaluation on the quality of the new ways of undertaking clinical supervision had not yet taken place.

The Committee drew attention to the service user feedback within the report and asked about the channels used to get this feedback. Mr Devine explained that service user feedback was collected as part of the formal evaluation of CMHT working practices and also captured by other organisations including Healthwatch. Dr Pick informed the Committee of a newly established service user feedback group.

The Committee agreed that it had received assurance from the evaluation of the Community Redesign and acknowledged the progress that had been made. It thanked Mr Devine and Dr Pick for the report.

The Committee **received** an update on the Community Redesign. It **discussed** the challenges faced and the rapid changes that had made within the service in order to respond to the Covid-19 pandemic. The Committee **agreed** that it had received assurance from the evaluation of the Community Redesign.

20/185 Key messages and/or any matters to be escalated to the Board of Directors (agenda item 18)

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

- The Committee received the Medicines Optimisation Group Annual Report for 2019/20. It discussed the Trust's participation in audits and the learning from these. It also discussed the impacts of EU Exit and Covid-19 on the Pharmacy Team.
- The Committee reviewed the Learning from Deaths Report which contained the data for quarter two. It discussed the content of the report and agreed there was nothing to escalate to the Board.
- The Committee received a report which outlined the proposed stages for the production of the 2020/21 Quality Report & Account and a summary of the progress that had been made against the 2020/21 Quality Improvement Priorities (QIPs) during the Covid-19 pandemic.
- The Committee considered areas for future internal audits. It agreed to propose three areas:
 - A follow up audit focusing on the Trust's Estates function including the effectiveness of estates meetings and escalation processes, and the timely communications with external providers. It agreed that the purpose of the follow up audit would be to provide assurance that the recommendations from the previous audit have had a positive effect on quality
 - An audit to provide assurance on the quality of partnership working
 - An audit to provide assurance on the quality of out of area placements.
- The Committee received an update on the Community Redesign. It discussed the challenges faced by the Service including the recruitment and retention of registered nurses and occupational therapists and a high vacancy and staff turnover rate that had impacted the health and wellbeing of staff. The Committee was pleased to hear that Community Practice Development Leads had been embedded into the CMHT's to support teams with continuous improvement work. It discussed the learning identified from the rapid changes that had been made by the service in order to respond to the Covid-19 pandemic. The Committee agreed that it had received assurance from the evaluation of the Community Redesign.

20/186 Any other business (agenda item 19)

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