

**Minutes of the Quality Committee – Part A
Tuesday 10 October 2023 at 9.30am
Held via Teams**

Present:

Dr Frances Healey, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Miss Helen Grantham, Non-executive Director
Dr Chris Hosker, Medical Director
Ms Nichola Sanderson, Director of Nursing, Quality and Professions

In attendance:

Mrs Clare Edwards, Associate Director for Corporate Governance
Dr Eli Joubert, Clinical Director (for item 7)
Miss Kerry McMann, Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance and Quality
Mr Kuldip Nijjar, Improvement Lead (for item 9)
Ms Laura Wood, Quality & Patient Safety Lead (for item 8)

Action

Welcome and Introduction

Dr Healey welcomed everyone to the meeting. The committee welcomed Mrs Clare Edwards, Associate Director for Corporate Governance, to her first committee meeting.

Dr Healey noted that this was the last Quality Committee meeting that Miss Grantham would attend due to her stepping down as a Non-executive Director. The committee thanked Miss Grantham for all her hard work and dedication as a member of the Quality Committee.

23/148 Apologies for absence (agenda item 1)

Apologies were received from Mr Darren Skinner, Director of People and Organisational Development, who is a member of the committee.

Apologies were also received from Ms Cath Wardle, Head of Clinical Governance and Patient Safety, and Ms Abby Boden, Head of Clinical Governance and Regulation, who are attendees of the committee.

The committee was quorate.

23/149 Declarations 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.

23/150 Approval of the minutes of the Quality Committee meeting held on the 14 September 2023 (agenda item 3)

The minutes of the quality committee meeting held on the 14 September 2023 were **agreed** as a true record.

23/151 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 14 September 2023 were suitable to be uploaded to the Trust's external website.

23/152 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.

23/153 Board Assurance Framework: SR1 and SR2 – for information only (agenda item 5)

The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting. It was suggested that a control relating to the quality of data could be added for strategic risk one. The committee agreed that this would be discussed in further detail at the next Board of Directors meeting.

The committee **reviewed** an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.

23/154 Hot topics / urgent issues update (agenda item 6)

Ms Sanderson informed the committee of a patient safety alert that had been issued on 27 September 2023 highlighting shortages of various medications used to manage Attention Deficit Hyperactivity Disorder (ADHD). She confirmed that plans had been put into place to help manage prescriptions and provide alternative medications where needed.

The committee noted the update provided.

Dr Joubert joined the meeting.

23/155 CQUIN update report (agenda item 7)

Dr Joubert presented a report which provided an overview of the progress made against the 2023/24 Commissioning for Quality and Innovation (CQUIN) initiatives pertaining to mental health services. He first highlighted CQUIN15b, titled 'routine outcome monitoring in children and young people's and community perinatal mental health services.' He clarified that the CQUIN required reporting on children and young people's community services, noting that the Trust did not provide these services and therefore could only report on the perinatal service. He went on to confirm that the data within the report was incorrect and agreed to provide the updated figures outside of the meeting. He outlined the challenges faced in achieving compliance with CQUIN15b which were related to IT systems and data management. The committee agreed to alert the Board of Directors to the challenges being faced.

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Dr Joubert next provided an update on CQUIN17, titled 'Reducing the need for restrictive practice in adult/older adult settings'. Dr Healey clarified that this did not require the Trust to reduce restrictive practice but to record demographic data for service users. The committee acknowledged that the CQUIN titles were misleading and suggested that Mr Munir could raise this at the next quality meeting with the ICS. Mr Joubert also agreed to add further context for each CQUIN within the next report.

The committee **received** a report which provided an overview of the progress made against the 2023/24 Commissioning for Quality and Innovation (CQUIN) initiatives pertaining to mental health services.

Ms Wood and Mr Nijjar joined the meeting.

23/156 Discussion about the 2023/24 Quality Report (agenda item 8)

Dr Healey informed the committee that a discussion had been scheduled to discuss the content of the quality account that the Trust could influence, acknowledging that some content was prescribed by NHS England. The committee noted that the intended audience for the document was service users and suggested that the team could seek feedback from service users on the 2022/23 quality account. Ms Sanderson confirmed that the Patient Experience Team were involved in the consultation process for the content of the quality account to ensure service user involvement but acknowledged that there were other inpatient groups across the organisation that could also be included. It was agreed that service user voices should be considered when developing the content of the quality account for 2023-24.

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The committee **discussed** the content of the quality account that the Trust could influence. It was **agreed** that service user voices should be considered when developing the content of the quality account for 2023-24.

Ms Wood left the meeting.

23/157

Progress Against Outcome Measures Annual Report (agenda item 9)

Mr Nijjar presented a report which provided an update on the current 90-day cycle work which aimed to identify and embed clinical outcome measures across the Trust. He outlined that the projects that were currently being carried out with services were due to end soon, explaining that the Improvement Team would then be available to support other services. The committee noted that following the completion of this work, outcome measures would be embedded within some services but not in many of the Trust's core services. Dr Hosker clarified that there had been limited involvement in this work from the CMHTs because they now had a mandated outcome measure.

The committee discussed some of the barriers for services in embedding outcome measures, which included lack of capacity, lack of IT support, and members of staff seeing this as a 'tick box' exercise. It noted the need for a patient portal. The committee next discussed the support that the Improvement Team was able to provide to services to help them establish what their outcome measures were. It agreed that it was assured on the level of support that the Improvement Team offered to services.

Mr Nijjar and Dr Joubert left the meeting.

The committee recognised that the Quality Strategic Plan referenced outcome measures as a method of understanding the quality, strengths and weaknesses of the Trust's teams and services. It agreed on the importance of outcome measures being a priority in the Trust and agreed to advise the Board of Directors on the discussion that had taken place.

The committee **received** a report which provided an update on the current 90-day cycle work which aimed to identify and embed clinical outcome measures across the Trust. The committee **noted** that following the completion of this work, outcome measures would be embedded within some services but not in many of the Trust's core services. It **agreed** on the importance of outcome measures being a priority in the Trust and **agreed** to advise the Board of Directors on the discussion that had taken place.

23/158

Cumulative action log (agenda item 10)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee reviewed the response provided for action 23/083 which related to service visits. It noted that responses to observations would be provided by heads of operations and clinical leads going forward but acknowledged that further support may be needed from executive directors in responding to these observations.

The committee discussed action 23/103a, which related to the 'Preparations for the CQC' internal audit report. Ms Sanderson confirmed that an update would be provided at a future meeting. The committee next reviewed action 23/024, which related to an audit into the therapeutic engagement and observation policy. It noted the update that had been provided which detailed the actions that would be undertaken in response to the findings of the audit. It was agreed that Ms

Sanderson would provide an update on the findings of the audit in December 2023.

The committee went on to discuss the response provided for action 22/173a, which related to escalation processes for the use of restrictive practice. It asked Ms Sanderson to consider the threshold for escalating multiple episodes of restrictive practice used on individual service users. The committee was satisfied with the response provided and agreed to close this action.

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

23/159 Combined Quality and Workforce Performance Report (agenda item 11)

The committee reviewed the Combined Quality and Workforce Performance Report. Miss Grantham confirmed that the Workforce Committee had reviewed the workforce elements of the report at its meeting on 5 October 2023 and provided an update on the discussions that had taken place.

The committee reviewed the figures for the number of adults detained on admission including PICU and queried why the metric was phrased to specify that the figures included those admitted to PICU. The committee next discussed the data around deaths, noting that a footnote had been added to state that this data included deaths of individuals who had been discharged from the Trust's services. The committee requested for the footnote to be amended to specify how recently a service user had to be discharged to be included in these figures.

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

23/160 Assurance and escalation reporting: Trustwide Clinical Governance Group, including any updates the development of the new quality dashboard (agenda item 12.1)

Dr Hosker confirmed there were no issues to escalate from the Trustwide Clinical Governance Group meeting on 5 October 2023. He confirmed that discussions had taken place on the following topics:

- A CQC peer report from Mill Lodge
- An ongoing review of the tier three governance which sat above the nine service lines
- The new system used to digitalise hardcopy medical records
- PSIRF
- Clinical supervision

The committee **noted** the update provided.

23/161 Update/escalation of infection control issues including Covid-19 (agenda item 12.2)

Ms Sanderson confirmed that as of 10 October 2023 there were no outbreaks of Covid-19 across the Trust. She also informed the committee of a decision that had been agreed at place level for Covid-19 vaccinations to be provided to front line staff only. The committee was assured that the Trust continued to follow all national infection, prevention and control guidance and that the Director of Infection, Prevention and Control had daily oversight of any positive cases and outbreak management within the Trust.

The committee **noted** the update provided.

23/162 Assurance and escalation reporting: Update on industrial action (agenda item 12.3)

Mrs Forster Adams informed the committee that the Trust was in week one of a four week pause in medical industrial action and any announcements for further medical industrial action, due to the British Medical Association entering negotiations with the government. She went on to inform the committee that the Specialty and Specialist (SAS) doctors were currently undertaking an indicative ballot, which would close 16 October 2023, and it was expected that this would lead to a formal ballot. Mrs Forster Adams also confirmed that there had been no direct reported incidents as a consequence of the industrial action.

The committee **noted** the update provided.

23/163 Assurance and escalation reporting: Any other groups (agenda item 12.4)

No updates were provided.

23/164 Any other business (agenda item 13)

The committee recalled that the extended review date for the Quality Strategic Plan was December 2023 and requested an update on the development of the new plan. Dr Hosker confirmed that the draft plan would be shared with the Quality Committee in December 2023 before being submitted for final approval by the Board of Directors in January 2024.

The committee **noted** that the draft Quality Strategic Plan would be shared with the Quality Committee in December 2023 before being submitted for final approval by the Board of Directors in January 2024.

23/165 Key messages to be shared with the Board of Directors (agenda item 14.1)

The committee **agreed** that the following areas of discussion should be shared with the Board of Directors:

Issues to which the Board needs to be alerted:

- The committee received a report which provided an overview of the progress made against the 2023/24 CQUIN (Commissioning for Quality and Innovation) initiatives pertaining to mental health services. When discussing a CQUIN relating to routine outcome monitoring in the perinatal service it was informed of challenges relating to IT systems and data management which would likely impact the achievement of this CQUIN.

Things on which the Board is to be assured:

- The committee was assured that the Trust continued to follow all national infection, prevention and control guidance and that the Director of Infection, Prevention and Control had daily oversight of any positive cases and outbreak management within the Trust.
- The committee received reassurance on the Trust's work to manage the impact of industrial action on service users.
- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The committee was informed that the Quality Strategic Plan would be shared with the Quality Committee in December 2023 before being submitted for final approval by the Board of Directors in January 2024.

Issues to advise the Board on:

- The committee received a report which provided an update on the current 90-day cycle work which was started with the aim of identifying and embedding clinical outcome measures across the Trust. The committee noted that following the completion of this work, outcome measures would be embedded within some services but not in many of the Trust's core services. It discussed some of the barriers for services in embedding outcome measures, which included lack of capacity, lack of IT support, and members of staff seeing this as a 'tick box' exercise. The committee noted the need for a patient portal.

The committee recognised that the Quality Strategic Plan referenced outcome measures as a method of understanding the quality, strengths and weaknesses of the Trust's teams and services. It agreed on the importance of outcome measures being a priority in the Trust.

23/166

Items to be referred to other Board sub-committees (agenda item 14.2)

The committee did not suggest any items to be referred to other Board sub-committees.

23/167

Suggestions for future internal audits (agenda item 14.3)

The committee did not suggest any areas for internal audit.

23/168

Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 14.4)

The committee **noted** that the actions that had been agreed in relation to outcome measures had potential to support managing strategic risk one.

The next meeting of the Quality Committee will be held on Thursday 16 November 2023 at 9.30am via Teams