

Minutes of the Quality Committee (Part A)

Thursday 10 October 2024 at 9.30am

Held via Teams

Members of the Quality Committee

Dr Frances Healey	Non-executive Director (Chair of the Committee)
Mrs Zoe Burns-Shore	Non-executive Director
Mrs Joanna Forster Adams	Chief Operating Officer
Dr Chris Hosker	Medical Director
Ms Nichola Sanderson	Director of Nursing and Professions

In attendance

Mr Bill Cunliffe	The Value Circle (observer)
Mrs Clare Edwards	Associate Director for Corporate Governance
Miss Kerry McMann	Head of Corporate Governance
Mr Peter Ongley	Carer Governor (observer)
Mr Oliver Tipper	Head of Communications (for item 7)

Minute number	Action
	<p>Welcome and Introduction</p> <p>Dr Healey opened the meeting at 9.30am and welcomed members of the Quality Committee. She also welcomed Mr Cunliffe, a representative from The Value Circle, who was observing the meeting as part of an external Well Led Review for the Trust.</p>
24/230	<p>Apologies for absence (agenda item 1)</p> <p>No apologies were received for this meeting. It was noted that Ms Sanderson would be joining later in the meeting.</p> <p>The committee was quorate.</p>
24/231	<p>Declarations 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.
24/232	Approval of the minutes of the Quality Committee meeting held on the 12 September 2024 (agenda item 3)
	The minutes of the quality committee meeting held on the 12 September 2024 were agreed as a true record.
24/233	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 12 September 2024 were suitable to be uploaded to the Trust's external website.
24/234	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.
24/235	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.
24/236	Hot topics / urgent issues update (agenda item 6)
	No updates were provided.
24/237	Content and Ownership of the Trust's Quality and Performance Pages on the Website (agenda item 7)

Mr Tipper presented a report which highlighted how the Trust published information related to quality and performance on its website and recommended how this could be improved. The committee discussed the recommendations within the report. It was agreed that the Communications Team would work with the Corporate Governance Team to undertake a review of the public audience for the content on the relevant pages and whether it met their needs, and would work with the appropriate individuals across the Trust to ensure the content was appropriate and aligned to the Trust's Quality Strategic Plan. It was agreed that the Corporate Governance Team would then take ownership of this page and ensure the information and documents were kept up to date, including any information we are legally required to publish.

The committee **received** and **discussed** a report which highlighted how the Trust published information related to quality and performance on its website and recommended how this could be improved.

Mr Tipper left the meeting.
Ms Sanderson joined the meeting.

24/238

Summary of the Gender Identity Service's Annual Quality Report (agenda item 8.4)

Dr Hosker delivered a presentation which provided the highlights of the Gender Identity Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEP dimensions of quality to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full report had been reviewed by the Quality Information and Knowledge Group.

The committee was pleased to hear that the service had a passionate, committed leadership team and welcomed the service's participation in national and regional reviews. It noted that the service was being supported by the Quality and Improvement Team to understand and develop clinical outcome measures.

The committee noted that access was the biggest quality issue for the service and acknowledged that data on this was regularly considered by the Finance and Performance Committee. It was suggested that the Board of Directors should have a discussion to receive reassurance on how the Trust supported and set expectations for those on the waiting list and to agree a strategic position for services with high numbers of individuals on waiting lists and long waiting times. Dr Hosker noted that a national review of adult Gender Identity Services would be taking place and agreed to notify Ms Edwards when the Board discussion should take place.

Overall, the committee was assured that the service had good systems in place for

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understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

The committee **reviewed** a presentation which provided the highlights of the Gender Identity Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. It was **assured** by the information provided.

24/239

Summary of the Adult Eating Disorders Service's Annual Quality Report
(agenda item 8.1)

Dr Hosker delivered a presentation which provided the highlights of the Adult Eating Disorders Service Line's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full report had been reviewed by the Quality Information and Knowledge Group.

Mrs Forster Adams acknowledged the need for Ms Sophie Valinakis, Head of Health Equity, and Dr Anna Ray, Consultant in Public Health, to support services in understanding how equitable they are. Ms Sanderson noted that the Trust was reviewing whether it could provide in house training on nasogastric tube feeding to ensure consistency across services, adding that a proposal for this would be shared at the next Quality Committee meeting.

Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

The committee **reviewed** a presentation which provided the highlights of the Adult Eating Disorders Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. It was **assured** by the information provided.

24/240

Summary of the Rehabilitation and Assertive Outreach Service's Annual

Quality Report (agenda item 8.3)

Dr Hosker delivered a presentation which provided the highlights of the Rehabilitation and Assertive Outreach Service Line's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full report had been reviewed by the Quality Information and Knowledge Group. It acknowledged that this was a self-assessment and suggested that the service may be under scoring itself.

The committee was pleased to hear that the service was engaging with the Royal College of Psychologist's Quality Network in order to get accreditation. It recognised that difficulties in accessing data for the timely domain of STEEEP was a common theme for services. It was suggested that the internal audit team could provide advice on best practice in peer trusts around the presentation of waiting list data.

The committee next discussed the self-assessment scores for equity and agreed that services may require further support in this area. Mrs Forster Adams reassured the committee that the Trust was developing an 'Improving Health Equity Strategic Plan' which would set out the intentions for the Trust and set out a framework for services to understand equity in the context of their service. She added that Ms Valinakis and Dr Ray would be involved in the development of the equitable section of the new quality dashboard and would also be developing a measurement framework to understand the progress made on improving health equity across the Trust.

Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

The committee **reviewed** a presentation which provided the highlights of the Rehabilitation and Assertive Outreach Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. It was **assured** by the information provided.

24/241

Summary of the Community Rehabilitation Enhanced Support Team (CREST) Service's Annual Quality Report (agenda item 8.2)

Dr Hosker delivered a presentation which provided the highlights of the CREST

Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEP dimensions of quality to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full report had been reviewed by the Quality Information and Knowledge Group.

The committee noted that it would be receiving a report at a future private meeting on the Trust's response to the CQC's findings and recommendations from a special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust.

Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

The committee **reviewed** a presentation which provided the highlights of the CREST Service's Annual Quality Report, focusing on how the service had scored itself against the Learning, Culture and Leadership Framework and the STEEP dimensions of quality to enable the conditions for high quality care to flourish. It was **assured** by the information provided.

24/242

Update on the Implementation of Right Care Right Person (agenda item 9)

Ms Sanderson presented a report which provided an update on the progress made following the implementation and roll out of the National Partnership Agreement, Right Care, Right Person (RCRP). The committee acknowledged this was a very helpful update and acknowledged this was a complex change that the trust and partners appeared to be working on together in the right spirit.

The committee acknowledged that both the Mental Health Legislation Committee and the Quality Committee had requested updates on this work. It asked Ms Sanderson to consider the content and the frequency of the reports to each committee to reduce the risk of overlap. Ms Sanderson agreed to consider this and bring a proposal to the November 2024 meeting.

The committee noted the governance structure that had been established which would allow any risk and learning to be identified within the Trust and across the system. It was assured on the work that had been carried out to enable the principles of the RCRP Partnership Agreement to be implemented and to allow any impact of RCRP to be captured.

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The committee **discussed** a report which provided an update on the progress made following the implementation and roll out of the National Partnership Agreement, Right Care, Right Person.

24/243 Improving health equity: update on progress (agenda item 10)

Mrs Forster Adams presented a report which outlined the work that had been undertaken and the further work that was planned within the Trust to improve health equity. She noted that the first draft of the new Improving Health Equity Strategy 2024-29 had been developed and work was underway to engage with Trust staff and external partners to agree priorities and objectives.

The committee noted the work that was planned to establish foundations in year one and acknowledged the importance of getting the work right. Ms Burns-Shore suggested that it would be helpful for future reports to outline the timescales for the completion of work. The committee queried which committee should monitor the delivery of the Improving Health Equity Strategy. Mrs Forster Adams suggested that, as the development of the Improving Health Equity Strategy was one of the Trust's 14 organisational priorities, the Board of Directors should have oversight of this work. It was agreed that this would be proposed at the next Board of Directors meeting.

The committee **received** an update on the progress the Trust had made in improving health equity.

24/244 Annual Report from the Positive and Safe Working Group (agenda item 11)

The committee **noted** that this report had been deferred to a future meeting.

24/245 CQC Preparedness Follow-up Internal Audit Report (agenda item 12)

The committee reviewed the Preparations for Care Quality Commission Follow-up Internal Audit Report. Dr Healey noted that this report had been reviewed and discussed by the Audit Committee but had been shared as it was relevant to the work of the Quality Committee. Ms Sanderson noted that the audit had received an opinion of moderate assurance and reassured the committee that progress was being made with the actions recommended within the report. The committee noted the update provided.

The committee **received** and **noted** the findings of the CQC Preparedness Follow-up Internal Audit report.

24/246

Outcome Measure Report (agenda item 13)

Dr Hosker presented a report which outlined the key findings from two surveys that had been developed to gather insights into the performance of outcome measures across services and understand the challenges clinicians faced and the barriers to the effective implementation of outcome measures.

The committee noted that there was a lack of consistency in how services across the Trust reviewed their outcome measures, with no digital system in place. Dr Hosker informed the committee that the Trust was looking to implement a system that would allow service users to input their outcomes. The committee queried whether some services may be overcomplicating this and questioned whether support was needed for services to define what an effective outcome would be, that might not always involve PROMs/CROMs. Dr Hosker reminded committee members of the 90-day learning cycles that the services had taken part in, which had been led by the Institute of Healthcare Improvement, to explore what outcomes would show their care had been effective, and some units had been flexible in their thinking e.g. what counted as good outcome for a learning disability respite stay.

The committee acknowledged that cultural changes would be required to embed outcome measures across services. Dr Healey drew attention to the findings from the question on the effectiveness of the training on using outcome measurement tools, noting the poor feedback received. Dr Hosker reassured the committee that a new training package would be developed once the digital system had been established. Ms Burns-Shore noted that the number of suggested actions in response to the survey was large, and suggested that focusing on a smaller number of actions with the greatest impact may be more effective.

The committee was assured on the work that had been undertaken to understand the challenges clinicians faced and the barriers to the effective implementation of outcome measures. It acknowledged that a digital system would be introduced to allow service users to input their outcomes and agreed that six-monthly updates should be provided on this work. Miss McMann agreed to add this to the cycle of business.

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The committee **received** and **discussed** a report which outlined the key findings from two surveys that had been developed to gather insights into the performance of outcome measures across services and understand the challenges clinicians faced and the barriers to the effective implementation of outcome measures.

24/247

Combined Quality, Workforce and Service Performance Report (agenda item 14)

The committee reviewed and discussed the Combined Quality, Workforce and Service Performance Report (CQWSPR). Dr Healey thanked Mrs Forster Adams for the additional performance data that had been added to the report. She drew attention to the mortality data within the report, noting that the number reported as Serious Incidents had increased in quarter one of 2024/25. The committee agreed to discuss this further in the private meeting.

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

24/248

Cumulative action log (agenda item 15)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee discussed action 24/016 which related to a list that specified the types of issues that the committee and Board should have sight of. The committee recalled the discussion at a recent Board meeting and the amendments that had been suggested by the Board. It noted that the Patient Safety Team would have oversight of this list. Dr Hosker agreed that he would verbally escalate any concerns related to quality that had been raised via the Freedom to Speak Up Guardian. The committee agreed to discuss this further in the private meeting.

The committee next discussed action 24/092 which related to the Efficiency and Productivity Programme and the monitoring of quality indicators to ensure there were no unintended consequences. The committee reviewed the update provided and whilst they appreciated being updated on the quality impact assessment, agreed that it did not address the original action. It agreed that Miss McMann should clarify that the original action was for assurance to be provided that metrics/measures had been agreed to monitor any unintended consequences on quality as a result of the efficiency plans.

The committee reviewed action 23/110a. Dr Healey thanked committee members for the progress made with this action, noting that performance data had been included in the CQWSPR. Ms Sanderson agreed to provide a further update on this action in relation to DATIX in December 2024. Ms Sanderson drew attention to action 24/206 and confirmed that the Trust already had a Central Alert System policy. The committee agreed to close this action. The committee agreed deadlines for a number of other actions on the log.

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

24/249

Response to action 24/177b – Update on Hook Rescue Knife Assurance

(agenda item 15.1)

The committee reviewed the response provided for action 24/177, which was a request for assurance to be provided that systems were in place for the recording and management of anti-ligature equipment. It thanked Ms Sanderson for the update provided on the monitoring of the use and maintenance of hook knives across the Trust and agreed that further assurance was required that all anti-ligature equipment was recorded and monitored consistently across the Trust. Ms Sanderson agreed to provide a further update in November 2024.

The committee **thanked** Ms Sanderson for the update provided on the monitoring of the use and maintenance of hook knives across the Trust and **agreed** that further assurance was required that all anti-ligature equipment was recorded and monitored consistently across the Trust.

24/250

Risk Management Annual Report (agenda item 16)

Ms Sanderson presented the Risk Management Annual Report. Dr Healey noted that this report had been reviewed and discussed by the Audit Committee but had been shared as it was relevant to the work of the Quality Committee. The committee reviewed and discussed the report. It noted the update on the Patient Safety Incident Response Framework (PSIRF) provided within the report. Ms Sanderson noted that the Trustwide Clinical Governance Group (TWCG) received regular reports on PSIRF and agreed to share these reports with the committee going forward.

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Dr Healey queried whether the Risk Management Annual Report should or should not be added to the committee's cycle of business, acknowledging that much of the information included in the report may be reported to the committee via other reports, and that going forward the Audit Committee was likely to receive an annual risk management report more focused on corporate risks than clinical risks. The committee asked Ms Sanderson to consider whether there is a need for the Risk Management Annual Report to be presented to the Quality Committee or whether its content is covered by existing reports.

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The Committee **received** and **discussed** the Risk Management Annual Report.

24/251

Quality Committee Terms of Reference (agenda item 17)

The committee reviewed and approved the amendments that had been made to its Terms of Reference. The committee agreed that a further conversation should take place at the next Board of Directors meeting to consider whether section 6.1 should be updated to acknowledge that the Trust commissions beds in other providers,

e.g. out of area placements, and whether this should also be reflected in the terms of reference for other sub-committees.

The committee **reviewed** and **approved** its Terms of Reference, noting that they would be presented to the Board of Directors on 28 November 2024 for ratification where a further conversation would take place to agree whether further amendments were required in section 6.1.

24/252 Assurance and escalation reporting: Trustwide Clinical Governance Group, including any significant findings from investigations (agenda item 18.1)

Dr Hosker provided an update from the Trustwide Clinical Governance Group (TWCGG) meeting on 3 October 2024. He noted that there had been no issues to escalate and confirmed that discussions had taken place on:

- The Trust's Digital Strategy
- The development of the new quality dashboard

The committee noted the update provided and requested an update on the development of the new quality dashboard.

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The committee **noted** the update provided.

24/253 Assurance and escalation reporting: Trustwide Safeguarding Committee (agenda item 18.2)

Ms Sanderson **noted** that the Trustwide Safeguarding Committee was next due to meet on 11 October 2024.

24/254 Assurance and escalation reporting: Update on industrial action (agenda item 18.3)

The committee **noted** that there were no issues requiring escalation.

24/255 Update/escalation of infection control issues (agenda item 18.4)

Ms Sanderson outlined that since the last meeting on 12 September 2024, there had been once case of MRSA Bacteraemia. She reassured the committee that the

	correct procedures had been followed in response to this.	
	The committee noted the update provided.	
24/256	Assurance and escalation reporting: IT issues with implications on quality (agenda item 18.5)	
	The committee noted that there were no issues requiring escalation.	
24/257	Assurance and escalation reporting: CQC Steering Group (agenda item 18.6)	
	Ms Sanderson noted that there were no issues requiring escalation. She confirmed that the Trust was awaiting feedback from the recent CQC inspections at the Mother and Baby Unit and Red Kite View. She agreed to circulate the notes from the last CQC Steering Group on 18 September 2024 meeting outside of the meeting.	NS
	The committee noted that there were no issues requiring escalation.	
24/258	Assurance and escalation reporting: Any other groups (agenda item 18.7)	
	No updates were provided.	
24/259	Any other business (agenda item 19)	
	The committee did not discuss any other business.	
24/260	Key messages to be shared with the Board of Directors (agenda item 20.1)	
	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:	
	<ul style="list-style-type: none"> No issues to which the Board needs to be alerted. 	
	Things on which the Board is to be assured:	

- The committee received and discussed a report which highlighted how the Trust published information related to quality and performance on its website. It agreed that the relevant pages should be reviewed to ensure the content is appropriate and aligned to the Trust's Quality Strategic Plan and noted that the Corporate Governance Team would ensure the information and documents were kept up to date.
- 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 reviewed the Preparations for Care Quality Commission Follow-up Internal Audit Report. It noted that the audit had received an opinion of moderate assurance and was reassured that progress was being made with the actions recommended within the report.
- The committee received an update on the progress made following the implementation and roll out of the National Partnership Agreement, Right Care, Right Person. It agreed this was a helpful update and acknowledged this was a complex change that the Trust and partners appeared to be working on together in the right spirit. It noted the governance structure that had been established which would allow any risk and learning to be identified within the Trust and across the system and was assured on the work that had been carried out.
- The committee received a report which outlined the key findings from two surveys that had been developed to gather insights into the performance of outcome measures across services and understand the challenges clinicians faced and the barriers to the effective implementation of outcome measures.
- The committee received presentations from the services within the Rehab. Eating Disorders and Gender Identity Service Line which focused on how the services had scored themselves against the Learning, Culture and Leadership Framework and the STEEEP dimensions of quality to enable the conditions for high quality care to flourish. It recognised that difficulties in accessing data for the timely domain of STEEEP was a common theme for the services. It suggested that the internal audit team could provide advice on best practice in peer trusts around the presentation of waiting list data. It also noted that services may need further support in understanding how equitable they are but was reassured that the Trust was developing an 'Improving Health Equity Strategic Plan' which would set out a framework for services to understand equity in the context of their service.

Overall, the committee was assured that the services had good systems in place for understanding their quality issues and to drive improvements, and good

knowledge of their strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the services strengths, weaknesses, challenges and blind spots and how issues were being managed.

Issues to advise the Board on:

- The committee noted that access was the biggest quality issue for the Gender Identity Service. It was suggested that the Board of Directors should have a discussion to receive reassurance on how the Trust supported and set expectations for those on the waiting list and to agree a strategic position for services with high numbers of individuals on waiting lists and long waiting times. Dr Hosker noted that a national review of adult Gender Identity Services would be taking place and agreed to notify Ms Edwards when the Board discussion should take place.
- The committee received an update on the progress the Trust had made in improving health equity. It noted that the first draft of the new Improving Health Equity Strategy 2024-29 had been developed and work was underway to engage with Trust staff and external partners to agree priorities and objectives. It queried which committee should monitor the delivery of the Improving Health Equity Strategy and it was suggested that, as the development of the Improving Health Equity Strategy was one of the Trust's 14 organisational priorities, the Board of Directors should have oversight of this work.
- The committee reviewed and approved its Terms of Reference. It agreed that a further conversation should take place at the next Board of Directors meeting to consider whether section 6.1 should be updated to acknowledge that the Trust commissions beds in other providers, e.g. out of area placements, and whether this should also be reflected in the terms of reference for other sub-committees.

24/261 Items to be referred to other Board sub-committees (agenda item 20.2)

The committee did not refer any items to other Board sub-committees.

24/262 Suggestions for future internal audits (agenda item 20.3)

The committee **noted** that there had been no formal suggestions for future internal audits.

24/263 Any actions agreed today that ameliorate the strategic risks for which the

committee is assurance lead (agenda item 20.4)

The committee **noted** the reports that had been received and the discussions that had taken place.

- The completed action for performance data to be provided alongside the Combined Quality and Workforce Performance Report.
- The agreement for the quality pages of the Trust's website to be reviewed to ensure the content is appropriate and aligned to the Trust's Quality Strategic Plan.

**The next meeting of the Quality Committee
will be held on Thursday 14 November 2024 at
9.30am via Teams.**