

**Minutes of the Quality Committee – Part A
Tuesday 12 November 2019 at 9.30am
in Meeting Room 1&2 at Trust Headquarters**

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

In attendance: Ms Nikki Cooper, Head of Performance
Mr Mark Dodd, Service Manager for Gender ID Services (for agenda item 6)
Mrs Cath Hill, Associate Director for Corporate Governance
Dr Eli Joubert, Clinical Lead for Gender ID Services (for agenda item 6)
Ms Rebecca Le-Hair, Head of Quality and Clinical Governance
Miss Kerry McMann, Corporate Governance Team Leader (Committee Secretariat)

Action

Welcome and Introduction

Professor (Prof) Baker welcomed everyone to the meeting.

19/140 Apologies for absence (agenda item 1)

No apologies were received from members of the Committee. Apologies were received from Dr Sophie Roberts, Clinical Director for Specialist Services, who is an attendee of the Committee.

The Committee was quorate.

19/141 Declaration 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.

19/142 Approval of the minutes of the Quality Committee meeting held on the 8 October 2019 (agenda item 3)

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 8 October 2019 were a true record.

19/143 Approval of the minutes of the Quality Committee meeting held on the 8 October 2019 to be uploaded onto the Trusts external website (agenda item 3.1)

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 8 October 2019 were suitable to be uploaded to the Trust's external website.

19/144 Matters arising – Update on the findings from the review of Learning from Incidents (agenda item 4.2)

Dr Kenwood presented a report which was an evaluation of ten serious incident reports. She reminded the Committee that the aim of the review was to identify areas of improvement in the reporting of future serious incidents.

Dr Kenwood informed the Committee of the recommendations that had been made as a result of the review; which focused on developing strong actions. She explained that this would be done by: ensuring that the Groups that review serious incident reports and corresponding actions support the incident reviewers in developing effective and sustainable actions; and providing a guide for developing effective actions and the types of actions which are more likely to result in a behaviours change. She explained that recommendations to improve the report template had not yet been made, as the Trust was awaiting the final version of the National Patient Safety Strategy.

Dr Kenwood explained that further work was being carried out around the strength of actions and their impact. She confirmed that this work would be brought back to the Quality Committee in January 2020.

CK

The Committee **received** an update from Dr Kenwood on the serious incident review. It **discussed** the findings of the review and **noted** that an update would be provided to the Quality Committee meeting on the 14 January 2020.

Ms Cooper joined the meeting.

19/145 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It discussed the action for Mrs Woffendin, Mrs Holmes and Dr Kenwood to bring a report on the feedback and experiences from placement students and bank staff. Mrs Woffendin confirmed that a report on placement students would be available to the Committee in December 2019. Mrs Holmes explained that a report on bank staff would not be available until February 2020, once the staff survey results had been analysed. The Committee agreed that this report should be presented to the Workforce Committee. Miss McMann agreed to add this action to the Workforce Committee's action log.

KM

The Committee next discussed the action for Ms Cooper and Mr Wylde which was to align the quality dashboard with the 'STEEEP model'. It noted that 'equitable' was not covered on the dashboard. The Committee asked Ms Cooper to explore how 'equitable' could be covered on the quality dashboard; it added that this should reflect all protected characteristics. It agreed that an update on this should be provided in March 2020.

NC

The Committee went on to discuss the action for a policy to be created around the use of Intramuscular Clozapine, similar to the policy around the use of restrictive practices. The Committee noted the update that had been provided by Ms Riley and agreed that this action could be closed.

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

19/146 Gender Identity Service Annual Quality and Safety Report (agenda item 6)

Dr Joubert presented the Annual Quality and Safety Report from the Gender Identity Service. He highlighted the two main issues faced by the service, which were high demand and limited resource. The Committee first discussed the issue around high demand; it noted the number of individuals on the waiting list and the weekly caseload of clinicians. The Committee discussed waiting list numbers and times at other clinics across the country. Dr Joubert informed the Committee that service users could join more than one waiting list across the country. The Committee noted that nearly 75% of people who use the service were from the Leeds Clinical Commissioning Group (CCG) area and explored the possibility of suggesting to local commissioners the option of there being a provision of service within primary care which could alleviate some of the pressure in the secondary care system. It agreed to escalate this message to the Board of Directors.

The Committee next discussed the issue around limited resource. It noted that, nationally, there was a need to ensure there was a sufficient number of suitably qualified staff to support the Lead Professional model of care for Gender Identity Services. It acknowledged that national training would be available to support the development of clinicians for the delivery of the model of care. It also noted that there was potentially a disparity between the level at which staff were appointed within the Trust and elsewhere and that for reasons of parity, recruitment, retention and in order for staff to access the necessary training at the right level, the Trust should look at the pathway for appointing and developing staff in Advanced Clinical Practitioner roles. It agreed to escalate this message to the Board of Directors.

The Committee discussed the level of staff sickness within the Gender Identity Service; acknowledging that high demand and low capacity could create a pressurised environment. Mr Dodd explained that the Service had been working with the Organisational Development Team and the Continuous Improvement Team to invest more time and effort into staff wellbeing. He explained that this had led to a decrease in the level of staff sickness across the Service; the Committee noted this.

The Committee **welcomed** the Gender Identity Service Annual Quality and Safety Report and **thanked** Dr Joubert and Mr Dodd. It **noted** the key challenges faced across the Service and **explored** how these challenges could be overcome. It **agreed** that two areas of the discussion should be escalated to the Board of Directors.

Dr Joubert and Mr Dodd left the meeting.

19/147

Review of the Services Annual Quality and Safety Reporting Process (agenda item 6.1)

Mrs Forster Adams presented a report which summarised the progress made towards the annual review of quality governance activities and arrangements at a Service level. The Committee noted the content of the report and reviewed the three proposals within the report. The first proposal was for all services across the Trust to write an annual quality and safety report as part of their clinical governance process; the Committee agreed.

Mrs Forster Adams outlined the second proposal, which was to refine and refocus the reporting framework in order for the annual quality and safety reports to have a higher focus on analysis. She explained that the refined framework would focus on determining the level of assurance on: clinical and quality governance activities; service achievement against key quality and improvement standards and expectations of stakeholders; and level of achievement of anticipated patient outcomes and impact. The Committee agreed to this proposal. It suggested that the Informatics Team could assist the Services when analysing the data in the reports. The Committee also suggested that the following areas could be built in to the framework: quality improvement; the Service's quality achievements; and key challenges around quality.

The Committee agreed to the final proposal, which was for the Committee to continue to receive an Annual Quality and Safety Report from one Service at each of its meetings. It was suggested that the sequencing of the Service Reports to the Committee be reviewed on a six monthly basis. It was agreed that Mrs Forster Adams, Mrs Woffendin and Dr Kenwood would develop a schedule for service reporting to the Committee and that this would be informed by risk, strategic areas of priority and areas of improvement and change. The Committee noted that there were more services than meetings per year. Miss Grantham that the Workforce Committee could receive any reports which had workforce specific achievements or issues and likewise with the other Board Sub-committees. Mrs Forster Adams also suggested that a highlight report could be presented to the Committee on a bi-annual basis and that this could summarise the outputs from those Service Reports that the Quality Committee had not been able to review.

JFA /
CW /
CK

The Committee **received** the report and **noted** the value of the Annual Quality and Safety Reports. It **agreed** that all services across the Trust should write an annual quality and safety report as part of their clinical governance process and **recognised** that the reporting framework needed to be refined and refocused to have a higher focus on: data analysis; quality improvement; quality achievements; and key challenges around quality. The Committee **agreed** that it would continue to review one report per meeting.

19/148 Learning from Mortality Quarterly Report (agenda item 7)

Dr Kenwood presented the report. She informed the Committee that it had been agreed that the Trust would discontinue completing structured judgement reviews for all learning disability deaths following the improved governance process within the CCG. She explained that this had resulted in greater assurance that the learning from learning disability deaths would be shared with clinical staff and the standard of the reviews would be monitored. Dr Kenwood added that should there be any concerns pertaining to an individual's care prior to death raised by family or carers, Trust policy would ensure that a comprehensive review was concluded alongside the LeDer review. The Committee noted this.

Dr Kenwood next updated the Committee on an event that was held by the Trust in October 2019. She informed the Committee that the event focused on the learning from incidents and mortality and was attended by over 100 members of the Trust's staff. She explained that it was an extremely successful event and that another learning event would take place in six months' time, with invitations extended to other NHS providers and third sector partners.

The Committee **received** the Learning from Mortality Quarterly Report and **noted** its content.

Mrs Woffendin left the meeting.

19/149 CQUIN Delivery and Performance Six Monthly Report (agenda item 8)

Mrs Forster presented the CQUIN Delivery and Performance Report. She highlighted the CQUIN scheme CCG4 which related to 72 hour post discharge follow up. The Committee noted that the Trust had not met the 80% target. Mrs Forster Adams confirmed that this was an area of focus; she added that work was ongoing to improve this and that it was reviewed on a weekly basis.

The Committee agreed that the CQUIN report should go to the Trustwide Clinical Governance Group meeting in January 2020 and that any issues should be escalated to the Quality Committee.

**JFA /
CK**

The Committee **received** the CQUIN Delivery and Performance Report and **acknowledged** the progress made so far and the CQUIN schemes where the Trust was not achieving the set target. It **noted** the measures in place to try and improve this.

19/150 Matters arising – Update on Criteria Led Discharge (agenda item 4.1)

The Committee received an update on criteria led discharge from Mrs Forster Adams. She informed the Committee that services had struggled to implement this as a matter of routine. Ms Cooper explained that the Informatics Team were looking at how the process could be simplified on the Care Director system. Mrs Forster Adams added that criteria led discharge would also be embedded in the Acute Care Excellence. The Committee noted the update. It agreed that any

further updates on this should be provided to the Trustwide Clinical Governance Group and noted that the Committee would be cited on this within an evaluation of the Acute Care Excellence work.

The Committee **received** an update from Mrs Forster Adams on criteria led discharge and **noted** that it would be embedded within the Acute Care Excellence work.

19/151 Combined Quality and Workforce Performance Report (agenda item 9)

Mrs Holmes presented the Combined Quality and Workforce Performance Report. The Committee noted the improvements around the allocation of complaints to an investigator within three days and the number of complaints completed within the timescale agreed with the complainant. It observed that the percentage of staff receiving clinical supervision had dropped. Mrs Holmes confirmed that this was being monitored closely.

The Committee next discussed clinical record keeping; it noted that the percentage of service users with ethnicity recorded had dropped. The Committee discussed this data and questioned which Services had the lowest levels of recording service user ethnicity. This was discussed further and it was confirmed that the data was reviewed at Service level performance meetings. The Committee asked Ms Cooper to add a metric to track the Trust's performance around the recording of sexual orientation.

NC

The Committee **received** the Combined Quality and Workforce Performance Report and noted the content. It **agreed** that a performance metric should be added to the report to track the Trust's performance around the recording of service user sexuality.

19/152 Board Assurance framework (agenda item 10)

Mrs Hill presented the Board Assurance Framework. The Committee reviewed the three risks that it had oversight of; similarities between strategic risk two and strategic risk three were identified. The Committee proposed that these two risks could be merged into one risk. Mrs Hill agreed to work on this and bring the proposed wording for a new risk, which would combine strategic risk two and strategic risk three, to the Board of Directors meeting on the 28 November 2019.

CH

The Committee **reviewed** the risks detailed in the Board Assurance Framework and **agreed** that strategic risk two and strategic risk three should be merged into one risk due to their similarities.

19/153 Trustwide Clinical Governance Group Annual Report 2018/19 (agenda item 11)

Ms Le-Hair presented the Trustwide Clinical Governance Group (TWCGG) Annual Report. The Committee noted the content of the report and noted the work of the TWCGG. Mrs Forster Adams highlighted the TWCGG's terms of reference, specifically members and their roles. She outlined that the description of the role of the Clinical Director's in the Group should be updated. Mrs Hill confirmed that once the amendment had been made, the terms of reference would need to be ratified at the Executive Management Team meeting.

RL-H

The Committee valued seeing the list of escalations that had been made by the TWCGG to the Quality Committee in 2018/19. It noted that it had received these escalations verbally, but agreed that it would be useful to receive these in the format of a formal Chairs Report. Ms Le-Hair agreed to add an agenda item to the TWCGG agenda which would allow the opportunity to summarise points of escalation, in order for a Chairs Report to be provided to the Quality Committee.

R-LH

The Committee **received** the Trustwide Clinical Governance Group Annual Report 2018/19 and **noted** the content. It **identified** the changes that were required in the terms of reference and in the way escalations were made to the Quality Committee. It **welcomed** the different tools that had been used to review the effectiveness of the Group.

19/154 Committee effectiveness results (agenda item 12)

The Committee noted the results and comments from the committee effectiveness questionnaire. It agreed that a learning organisation survey should be carried out for the Committee. Ms McMann agreed to contact the Continuous Improvement Team and arrange this.

KM

The Committee **noted** the results of the committee effectiveness questionnaire and **agreed** to schedule a learning organisation survey for a future meeting.

19/155 Terms of Reference (agenda item 13)

The Committee **received** the refreshed terms of reference and **noted** the amendments that had been made. It **agreed** that additional information should be added to the terms of reference to reflect the Committees involvement in finalising the Internal Audit Annual Work Plan.

KM /
CH

19/156 Meeting dates for 2020 (agenda item 14)

The Committee **noted** the meetings that had been scheduled for 2020.

19/157 Annual cycle of business for 2020 (agenda item 15)

The Committee **reviewed** the annual cycle of business for 2020. It **agreed** that the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report should be scheduled for February, May, July and November. It **agreed** that the cycle of business should also be updated to reflect the Committees involvement in finalising the Internal Audit Annual Work Plan.

KM

19/158 Assurance and Escalation Reporting (agenda item 16)

Dr Kenwood updated the Committee on the complexity of implementation of new patient safety planning processes. She explained that there was a wish to become better at co-produced plans with service users and carers. Concerns had been raised, not with this direction but with the current issues of staffing coupled with both risk and clinical training programs and the move in culture away from highly structures risk assessments. This would make this aspiration tricky to achieve short term. She explained that the work to consider the detail of what was needed in practice to combine collaborative and professional risk assessment was yet to be fully understood. She cited a neighbouring trust where the principles were in place but that feedback has indicated issues where staff clinical training has not kept pace with implementation and they were reviewing the system as a result. They had agreed to share their learning with the Trust. Clinical Director Tom Mullen, who was leading this work, had agreed to both incorporate these views and also bring the proposed work to the Quality Committee. The work has also gone through discussion at the Clinical Cabinet.

The Committee **noted** the updates provided.

19/159 Key Messages and/or any Matters to be escalated to the Board of Directors (agenda item 17)

The Committee **agreed** that to make the following escalations to the Board of Directors:

- The Committee received the Gender Identity Service Annual Quality and Safety Report. It noted that nearly 75% of people who use the service were from the Leeds CCG area and explored the possibility of suggesting to local commissioners the option of there being a provision of service within primary care which could alleviate some of the pressure in the secondary care system.
- The Committee noted that nationally there was a need to ensure there was a sufficient number of suitably qualified staff to support the Lead Professional model of care for Gender Identity Services. It acknowledged that national training would be available to support the development of clinicians for the delivery of the model of care. It also noted that there was potentially a disparity between the level at which staff were appointed within the Trust and elsewhere and that for reasons of parity, recruitment, retention and in order for staff to access the necessary training at the right level, the Trust should look at the pathway for appointing and developing staff in Advanced Clinical Practitioner roles.

19/160 Any Other Business (agenda item 18)

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