MINUTES OF THE QUALITY COMMITTEE MEETING  
HELD ON TUESDAY 19th May 2015  
EXECUTIVE MEETING ROOM 1, 3rd FLOOR, EAST WING,  
ST PANCRAS HOSPITAL

**Present:**  
Dr Sue Goss Non-Executive Director and Chair  
Ms Sarah Charles Non-Executive and Senior Independent Director  
Ms Claire Johnston Director of Nursing & People (Executive Lead)  
Dr Vincent Kirchner Medical Director  
Mr Paul Calaminus Chief Operating Officer

**In attendance:**  
Ms Acosia Nyanin Associate Director, Governance and Quality Assurance  
Mr Simon Rowe Clinical and Corporate Policy Manager (Items 12 and 13 only)  
Mr Roger Evans Corporate Development & Project Manager (Minutes)

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<th>INTRODUCTORY ITEMS</th>
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| **1** Welcome, Apologies and Quoracy of the Quality Committee. Chair’s introductory comments and issues arising  
The meeting was opened by Dr Goss, the Chair of the Quality Committee at 2.30pm and was quorate. Apologies were received from Ms Wendy Wallace, Chief Executive.  

In her introductory comments the Chair noted that approved or agreed minutes from all Sub-Groups/Committees were present and were generally of high quality. Any issues of concern with the accuracy of specific minutes will be taken forward by Mr Evans. This was noted to be a very positive development given the previous lack of minutes supplied to the Quality Committee. The Committee noted their appreciation and would wish this to continue.  

**Mr Evans to address specific issues with the minutes of Trust Committees with the minute taker of those Committees.**  
Mr Evans |
**Minutes of the Quality Committee held on the 17th March 2015**

The minutes of the above meeting were agreed as a fair and accurate record with the following amendments made:

1. Page 5 of the minutes; second sentence, remove the word actually.
2. Page 6 of the minutes; Item 6, Aggregated Incidents and Complaints, sixth paragraph, remove that Ms Nyanin is part of the Department of Health Working Group and add Ms ODriscoll and Ms Cockerton instead.

**Matters Arising from the Quality Committee held on the 17th March 2015**

The Matters Arising were noted by the Quality Committee and the following comments and points of clarification were also made;

1. Under Item 3 Mr French-Lowe is completing the training plan as agreed including updates around the Care Act. The aim is to promote full attendance through mapping the training and planning staff attendance.
2. Under Item 5 Ms Nyanin clarified that the Trust response has been submitted through the Foundation Trust Network.

**BUSINESS ITEMS**

**The Key Issues from the Quality Review Group (QRG)**

Ms Nyanin introduced and spoke to this item. She noted that a great deal of hard work has been undertaken by managers and staff in relation to this item.

Ms Nyanin also noted that overall the progress at the six-month point against this item is positive. In regard to the specific detail of the work programme the following was noted as per the update paper:

1. **1.2 Ligature Risk Programme**

   The work programme on the St Pancras site was delivered on time and this was noted by the Chair to be excellent progress. In relation to the Highgate Mental Health Centre (HMHC) and specifically Coral Ward; 4th May completion of works, 15th May potentially fully open following staged return of patients form the private sector, and the transfer of Jasper to Tredgold ward took place on the 7th May.

   Ms Nyanin noted that there was an incident on Coral Ward on the 14th May which involved a patient barricading themselves in a room and this did cause some delays to the schedule described above and therefore not all patients have returned to Coral Ward. However, Ms Nyanin noted that the incident has been reviewed by the Quality Ligature Planning Group and it is clear that it is not attributable to the works. The schedule has subsequently been revised and the anti-ligature works on Sapphire will now start on the 8th June 2015.

   Discussed the overall ligature risk programme and Ms Nyanin noted that, in accordance with the agreed CQC actions, the use of the Manchester Risk Assessment Tool was considered. It was noted that
there was nothing to suggest that the above approach would be safer and that the confusion caused by a change to a new system may introduce additional risk. On that basis, the recommendation to the Quality Review Group will be to maintain the current approach.

1.3 Ward Transfers

Ms Nyanin and Mr Calaminus spoke to this item which is about ward transfers of patients for non-clinical reasons. It was noted by Dr Goss that these have significantly reduced from 41 to 4 during the period that has been audited and that this is since the revised bed management guidance was issued in February 2015. Mr Calaminus introduced a caveat to this item, noting that the ward transfers were likely to realistically be closer to 35 than 41 because a ward decant going on at this point. However, all agreed that this is a genuine improvement; there is evidence of a greater awareness of this issue amongst staff and that also clear that leave beds are being held for issue such as on leave to acute medical care and when trails of leave are being used.

On the issue of bed capacity, Mr Calaminus noted that Tredgold is currently a works decant ward, however, when the works are completed by the end of the year the ward will remain open increasing the bed capacity by 12 beds. A paper will soon go the Foundation Trust Executive (FTE) from the Acute Division to procure 16 acute beds from East London NHS Foundation Trust. When this provision is in place then there will be no further overspill in addition to these 16 beds and this has been made clear.

1.4 Falls Management

Ms Johnston informed the Quality Committee that a falls Matron has been recruited. This is someone who is a physiotherapist by professional background but has specialised in this area. Due to her notice period she will start in August.

1.5 Recruitment

Ms Johnston introduced this item which focussed on the recent recruitment drive and particularly around graduate students. This work has been led by the Acute Division and particularly around the recruitment of Band 2 staff. There were 634 Band 2 staff who applied for the available vacancies, 24 were recruited and 512 candidates were then passed onto the other Divisions. It was observed that there was effective working between operational services and HR with this recruitment exercise.

There is now a recruitment drive taking place in the Republic of Ireland for Band 5 staff.

As a result of these innovative approaches, it is anticipated that no Division will have a vacancy factor greater than 11% by September 2015. Ms Johnston noted that it would be preferable if the vacancy rate was 8% but also stated that it had previously been as high as 24% in some areas. Ms Charles added that this had previously been noted by Governors and that this progress was very welcome. Both Non-Executive Directors present asked if this was an issue across all of London and how did recruitment relate to the availability of temporary
Ms Johnston suggested that this is a separate issue and that the demand for temporary staffing has been high. Discussed appropriate and safe ward staffing levels as well as the safer staffing level census examining the staff establishments on wards. Mr Calaminus also added that there is now a new electronic roster system in place and this is called Health Roster. Also further discussed the outcome of the census and its findings; one of the issues that has emerged is a comparison of staff who work on a ward 24/7 and those who are predominantly 9-5, i.e. the relationship between those who work on the ward and those who visit with the result that there can be a high variance between the numbers of staff on a ward at any one time; this can vary between 3 and 18. Also discussed the impact that flexible working patterns can have on this and the potential for traditional 9-5 staff to have the capacity to work at the weekend, for example Occupational Therapy or Psychology.

Second ward staffing census to be completed by the end of this week by Meridian. This will then go to the Safer Staffing Group with a summary available for the September Quality Committee.

**Summary of second ward staffing census data to be taken to the September Quality Committee.**

Safe staffing in community based services was then discussed; this included staffing levels and seven day working. Discussed the sustainability of staffing levels and how community and inpatient services work together to manage the crisis capacity.

1.7 CQC: Review of progress against action plans

Ms Johnston fed-back on the outcome of the meeting with the local CQC Inspection Team which took place on the 8th May 2015, in this three and a half hour meeting colleagues outlined our position and the actions taken so far as well as the gaps found and what more we needed to do. The feedback was that this is the correct approach to be taking. There was a lengthy discussion on SUIs and the inspectors noted that there is a local public perception of problems in this process and there is more that we need to do to address this. To clarify, they are not concerned that this is not happening or that our processes are not thorough, but that this is the perception and they sought assurances that we are briefing stakeholders. It was subsequently agreed that there will be a further progress meeting with the CQC in August. The Quality Committee noted that the CQC do have to come back to reassess the Trust but when may also be dependent on the staffing compliment at the CQC and their established risk based approach.

Also discussed how the currently being developed Clinical Quality Strategy will influence the wider quality agenda and how issues such as 7 day working, stakeholder engagement, demand and suicide prevention will be important moving forward. Another external factor will be reductions in spending locally such as in the London Borough of Islington. Dr Kirchner concluded this discussion by stating that we need to develop the best Clinical Quality Strategy possible.
| 5 | **Patient Experience Strategy Briefing**  
This paper was taken as read and was NOTED by the Quality Committee who also noted the links between this work and the iBUG Report and the Service User and Carer Update given by Ms Charles and taken as item 11 of this agenda. It was requested that Zoe Fyffe attend a future meeting of the Quality Committee to further present the strategy when it is developed.  
Ms Nyanin to invite Dr Fyffe to a future Quality Committee to present the final strategy. | Ms Nyanin |
| 6 | **Briefing from NHS England on the Revision of the Serious Incident Framework for Trusts including revised Never Events**  
Ms Nyanin introduced this item and explained to the Quality Committee that this is revised guidance issued by NHS England. The terminology that will be used will change around how Serious Untoward Incidents (SUIs) are organised; for example, SUIs will not be graded in the same way but they will now be referred to as Level 1 and Level 2 reports. In addition, the timescales have now changed to 60 days for both levels of report. The Governance and Quality Assurance Team are currently reviewing the SUI Policy to reflect this change in national policy.  
In addition, the number of ‘never’ events have reduced from 24 to 14. Clarification was sought and was given about scalding, it was confirmed that scalding in this context refers to scalding in a bath only. | |
| 7 | **Prevention of Future Deaths (PFDs)**  
Ms Nyanin presented this item around PFDs and the summary produced lists all the PFDs that the Trust has been issued with and others that are pending but have not yet been issued.  
The following were discussed:  
KG – This concerns the interface between the clinical record at iCope and the Crisis Team. Patient suicidality was mentioned in the iCope record to which the Crisis Team had no access.  
FM – Joint response to be completed with the Whittington. Discussed this in further depth and does particularly relate to the account given of this incident to the Coroner by the assessing Doctor. The Doctor was clear in giving his evidence that he would have done things differently. It was reflected that in giving his evidence he appeared to make a 360 degree turnaround from his previous account and that it may have been more helpful if he had stated this earlier during the Grade 1 investigation.  
The Quality Committee thanked Ms Nyanin for her work in this area.  
Mr Calaminus then introduced the issue of baths on wards and confirmed that all baths have been removed from acute wards however they remain on other wards and that this is a concern. Ms Nyanin, confirmed that Ms Nolan is leading the working group who are due to provide the options paper on management of risks associated with baths to the June group.  
It was therefore agreed that in the next key issues paper a summary of the work on baths will be included. | Ms Nyanin |
| 8 | **Verbal update on the Clinical Quality Strategy**  
This was partially taken under Item 4 as minuted previously. However, in addition, Dr Kirchner added that this is an extremely important piece of | |

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work with a very tight turnaround time. There is a small project team led by Dr Kirchner with project support from Mr Evans. Part of the team is Dr Fredrik Johansson who is an ST 5 trainee and requests for additional representatives have been made to both the Operational Management team and the Nursing Directorate. When these representatives have been identified then the project team will be complete. The key milestones for the project are as follows: 3rd July, Service User Engagement Event, 30th July, first draft to Board, 24th September, final draft to Board. Key stakeholders, as well as service users, will be the Associate Divisional and Clinical Directors. Areas that Dr Kirchner is keen to explore include digital technologies.

Dr Goss noted that it will be important moving forward to connect with external stakeholders such as GPs and local authorities and that it will be important how as many views as possible get accommodated. Dr Kirchner stated that it may not be possible to have 1:1 meetings with stakeholders but that much of the consultation will be done electronically.

Ms Charles and the Committee noted that a significant part of the strategy will be about what we wish to do with the St Pancras site and how we can also accommodate primary care within the site. It was noted that the Service User Engagement Event is only six weeks away. Various turnaround projects were then discussed and it was noted that McKinsey are working with the London Borough of Camden.

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<th>9</th>
<th>Annual Quality Committee Report to Board</th>
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<td>This verbal update was added to the agenda at the request of Mr Evans and was presented by Dr Goss. It was noted that the Quality Committee must report to the Board on a regular basis and that should include an annual report. This was then discussed and it was noted that the Quality Committee does report to the Board through the approved minutes and the Board summaries which go to every Board of Directors Meeting. The question then discussed by the Quality Committees was whether anything additional is required and if so, when would it go the Board. Ms Johnston also noted that a very positive internal audit report by KPMG on the Quality Committee had also recently been produced. It was agreed that the reporting mechanisms to the Board and the Annual Report to the Board would be discussed outside of the meeting by Dr Goss and Mr Evans and would provide a solution to this issue.</td>
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**Dr Goss and Mr Evans to discuss the Quality Committee Annual Report to the Board and to provide a recommendation to the Quality Committee by the next meeting in July.**

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<td>This report was completed by Mr Wayne Gilbert, Lead Infection Control Nurse and was presented to the Quality Committee by Ms Johnston. Ms Johnston noted that there was a freshness of approach within this ambitious report. It was noted that there have been no recent significant infection control outbreaks aside form a minor one at The Rivers Crisis House. Ms Johnston also highlighted an issue noted under Section 7 of the report and on page 80 of the Issued Pack and this relates to dental infections. Ms Johnston used this opportunity to highlight dental care as a significant issue for mental health service users and particularly those on acute wards with high levels of dental infection and disease. Ms Johnston also discussed in depth the audit programme for infection control which included issues of the cleaning standards within wards. Ms Charles also mentioned the issue of hand washing facilities as highlighted by the staff</td>
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**Dr Goss and Mr Evans**
The Infection Control Annual Report was subsequently NOTED by the Quality Committee.

**Service User and Carer Update including iBUG Service User Feedback Report 2015, the latter being a late paper issued.**

This formed a significant and substantial item of the May Quality Committee, both in terms of how Ms Charles report is taken and the actions that arise from it. Ms Charles expressed concern that issues are raised but are often not acted on; for example some issues that she has raised have now been ongoing for over a year. Ms Charles also fed-back that she has also recently had a helpful meeting with Mr Calaminus on this subject.

The essence of the discussion was therefore that actions must arise from Ms Charles’s visits and that they must be followed through with tangible results that can then be fed-back to the various service user fora. It was noted that without this mechanism then service users and carers can feel that they are not heard or their concerns listened to.

It was therefore agreed, following a lengthy discussion, that actions, when they are agreed as appropriate and relevant by the Quality Committee will become clear minuted actions and that they will become part of the Schedule of Matters Arising of the Quality Committee where they can be properly monitored and managed. This appropriateness of this approach in terms of governance has also been discussed with Mr Kevin Monteith, Associate Director of Strategy and Corporate Development.

In addition, Ms Charles report was fully discussed as minuted and the actions that are listed under this item were all agreed by the Quality Committee.

**Mr Evans to ensure that all actions arising from the Service User and Carer Update are recorded as such and form part of the Schedule of Matters Arising.**

Ms Charles further noted that the Service User Strategy is in place but that in effect expired in March 2014. It was also noted that Head of Social Work and Social Care Ms Deborah Wright is aware of this and is working diligently with the Service User Alliance to address these issues which must cover issues such as payment and training. Ms Charles emphasised that service users need to feel involved and heard. It was therefore agreed that that Ms Wright in conjunction with Dr Fyffe (Patient Involvement Lead) will come back to the Quality Committee with a timescale and early draft of the Service User Strategy.

**Mr Evans to contact Ms Wright to ascertain the timescale for completion and a draft of the Service User Strategy.**

**Ms Wright to provide a brief paper to the July Quality Committee outlining her progress with the above which needs to include recruitment of service users and remuneration.**

The Committee then discussed the issue of service user representativeness and issues of recruitment of service users.
The issue of complaints and how they are responded to was discussed and Ms Charles noted that some service users do report that they feel that there is a risk to their care if they do complain and Ms Charles has discussed this with Associate Divisional Director for Acute, Ms Aisling Clifford. Discussed complaints and it was noted that a Deep Dive Summary of complaints will shortly be produced.

The key issues paper to the July Quality Committee will include a summary of the work Ms Nyanin has been leading which looks into the Complaints and Serious Incident process.

The Committee then discussed at length the Nubian User Forum (NUF) its status as a service group and the role of the leader of the Forum Ms Clover Crumbie.

Mr Calaminus expressed his concern about the comments made in the report regarding Mr Stopher who is the Associate Divisional Director for Residential and Rehabilitation Division and stated that these are incorrect. Much of the following discussion centred around if NUF is a Trust service user group or not. Mr Calaminus then noted that perception is an issue of which entity is or is not a Trust service user group, this issue is highlighted for example by who does or does not have a Trust email address. He was able to conclude that NUF is not a Trust service user group and that this was established as part of the community consultation which is also known as CM01.

Dr Goss and colleagues then discussed the reasons why people want to be part of service user groups and also the importance of giving people space to do this. Mr Calaminus then highlighted that 20% of our staff may be service users as well.

Following discussion it was therefore established and agreed that NUF is an external service user group and that Ms Crumbie had been made aware of this previously, although colleagues were aware that she may not have been happy with this decision. It was agreed that Mr Stopher will write a note to this effect to Ms Charles.

Mr Calaminus will speak with Mr Stopher re producing a note re the above to Ms Crumbie.

The Committee then went through the actions in Ms Charles’s report and noted the following actions in addition to those listed above.

Service users and requesting gender of worker. Ms McNicholas leading on this and Mr Calaminus will provide oversight.

Training for carers, Mr Calaminus will follow up with the Head of Psychology for the Acute Division Dr John Hanna.

The delay with the name change for the Personality Disorder service is around what the service name will change to. Although Mr Calaminus noted that this is now being led by the Associate Divisional Director for Community services Mr Keith McCoy.

HMHC Canteen area paper has now gone to the FTE Mr Evans will now make himself available to attend the relevant service user forums.
The Committee then considered the iBug report which was circulated as a late paper. Mr Calaminus noted that this is an important paper that is only now becoming available because it was embargoed because of the elections. In addition, Mr Calaminus also noted that it has a robust methodology and is representative and service user led. The Quality Committee therefore NOTED and welcomed the report. In addition, Dr Goss did note that the high response rate was heavily influenced by the £10 voucher for participating and noted that this may be a helpful way forward for the Trust to ensure better response rates.

POLICIES FOR APPROVAL

12 Policies table and policy updates
Mr Rowe was present for this item and the policy summary was noted to be very helpful and all policies presented were agreed without amendment.

13 Briefing paper on publishing Trust Policies on the Trust Website
This was NOTED and agreed. The Quality Committee noted the thoughtful approach that had been taken around the risks and mitigation of publishing reviewed and up to date Trust Policies on the website. An additional cost in the range of £2-3k for this was noted and agreed.

SUB GROUP MINUTES, REPORTS and REGULAR COMMITTEE BUSINESS

14 Drugs and Therapeutic Committee
Approved minutes of the meeting held on the 11th February 2015.

15 Infection Control Committee
Agreed minutes of the meeting held on the 14th January 2015.

16 Mental Health Law Committee
Agreed minutes of the meeting held on the 4th February 2015.

17 Research and Development Committee
Agreed minutes of the meeting held on the 16th January 2015.

18 Safeguarding Committee
Approved minutes of the meeting held on the 6th February 2015. The Committee also noted the training package for this area.

19 Equality and Diversity Committee
Approved Minutes of the Committee held on the 28th January 2015. In addition it was noted that a draft strategy for this would go to the July Board.

20 Quality Review Group / Quality Governance Committee
Approved minutes of the Quality Review Groups held on:

17th March 2015
30th March 2015
13th April 2015
27th April 2015

21 Committee Work Plan – For information and review
Dr Goss noted omissions which included the effect of the smoking
cessation work on therapeutic activities and it was agreed that a paper will be produced on this.

Mr Calaminus to produce a paper on therapeutic activity levels for the July Committee.

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<td>23</td>
<td>New Risks Identified at this meeting</td>
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<td>Risks Referred to/from other Committees</td>
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<td>Tuesday 21st July 2015</td>
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<td>2.30 to 5pm. Executive Meeting Room 1, 3rd Floor East Wing, St Pancras.</td>
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I certify that these are fair and accurate minute of the stated meeting.

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(Dr Sue Goss, Non-Executive Director and Quality Committee Chair) (Date)