

**MINUTES OF THE QUALITY COMMITTEE MEETING
HELD ON TUESDAY 16th MAY 2017
EXECUTIVE MEETING ROOM 1, 3rd FLOOR, EAST WING,
ST PANCRAS HOSPITAL**

Present:	Dr Sue Goss Ms Angela McNab Mr Patrick Vernon Prof Tom Burns Ms Caroline Harris-Birtles Mr Andy Rogers	Non-Executive Director and Chair Chief Executive Non-Executive Director Non-Executive Director Acting Director of Nursing Chief Operating Officer
In attendance:	Ms Karen Reynolds Ms Aisling Clifford Mr Kevin Cann Mr Simon Rowe Ms Lucy Reeves Dr Frederik Johansson Ms Margaret Berry Ms Chris Wilkinson Mr Terence Dourado	Head of Governance and Quality Assurance Deputy Director of Nursing Medical Devices, Resuscitation & PMVA Lead Clinical and Corporate Policy Manager Chief Pharmacist Consultant Psychiatrist MLB Healthcare Consulting (observer) MLB Healthcare Consulting (observer) Deputy Board Secretary (Minutes)

	INTRODUCTORY ITEMS	Action By:
1.	<p>Welcome, Apologies and Quoracy of the Quality Committee.</p> <p>Dr Goss welcomed all members and attendees to the meeting. Apologies were received from Dr Kirchner and Ms Wright.</p>	
2.	<p>Minutes of the Quality Committee held on the 10th April 2017</p> <p>The minutes of the Quality Committee on 10th April 2017 were agreed without amendments.</p>	
3.	<p>Matters Arising from the previous meeting</p> <p>The Committee reviewed the matters arising of the meeting on 10th April 2017.</p> <ol style="list-style-type: none"> 1) Dr Goss informed the committee that the Audit and Risk Committee will conduct a deep-dive study to better understand committee risk processes. 2) Ms Reynolds informed the committee that the number of incidents being reported was increasing again and that the governance team will conduct a piece of work to review how incidents are being categorised. 	

	<p>3) Members noted that a task and finish group will review reducing the gap between black and white service users detained under the MH Act as part of its remit to address equality data monitoring. Prof Burns commented that the difference in rates of sectioning may reflect that of clinical necessity. Ms McNab noted that there is a national debate on this topic and that the Committee may want to review in governance terms whether it wishes to amend the quality priority target in light of this. Ms Reynolds to review governance requirements around quality priorities and whether one could be changed after it had been agreed.</p> <p>4) Ms Wright tabled an update that a recruitment campaign was underway to enlist more Associate Hospital managers, particularly from BME backgrounds and with lived experiences. The MH Law team has also devised a schedule for addressing the AHM hearings backlog beginning with the most overdue and to be monitored each week.</p>	
4.	Quality Committee Risks / Sub-Committee Risks	
	<p>The Quality Committee noted the risk register. Dr Goss informed the committee that the register was updated on 15th May 2017 following the Q4 risk scrutiny monitoring round where it was determined that risk NR211 'Compliance with clinical policies is currently not consistently audited to demonstrate compliance with standards' will be removed. The reason given is because the action plan is now complete and the target scores have been reached.</p> <p>The Committee noted the update.</p>	
	SAFETY	
5	<p>Positive and Caring Environments (PACE) Board Performance Report</p> <p>Mr Cann presented the report reminding members that Positive and Proactive Care is a nationally mandated strategy aimed at supporting reduction of restrictive practices towards patients. The report provided assurance on Trust-wide performance against core strands of the strategy between April 2017 and March 2017.</p> <p>Mr Cann informed the committee that overall the results in relation to the Trust quality indicators are favourable against the outcome measures for PACE. Prone restraints now account for a small number of all restraints excluding seclusion incidents. He informed members that the team would review the amount of time in prone restraints to understand their average duration. Ms Harris-Birtles noted that the team aimed to have no more than eight prone restraints per month, noting a significant number of measures in order to achieve this. Mr Cann informed the Committee about the team's strategy to get to the target figure – that 60 inpatient nurses had been trained accordingly, that more clarity would be given</p>	

	<p>around recording of restraints, and that physical health observations post prone restraints would increase significantly.</p> <p>Mr Cann reported that seclusions are significantly declining, that a full review of the safer searching policy is underway and that data collection on violence in relation to keeping staff safe required improvement.</p> <p>Prof Burns commented that the report was very reassuring. He requested that it would be useful to have the number of assaults provided instead of the percentage to get a better understanding of scale. Mr Vernon suggested that it would be useful to get a better sense of the data in relation to equality standards and demographic data. ie. in terms of gender and age. Dr Goss requested that it would be useful to understand what issues had taken place last year that were not working for the Trust and what it was now doing differently to address those issues. Ms McNab added that the Committee would only need to understand the overarching themes which may lead to lessons learned or a policy change. The Committee had a discussion about Keeping Staff Safe and how it could track its effectiveness. Ms Clifford noted that this required further review and Dr Goss requested an update in the next report.</p> <p>The Committee noted the report.</p>	
6.	<p>Serious Incidents and Complaints – monthly report</p> <p>Ms Reynolds presented the report which she noted would become a monthly report for Board to give a brief overview of current serious incidents and complaints. The summary aimed to highlight what was contributing to serious incidents and complaints, what learning could be extracted from them and whether there was any informal feedback to be acted upon.</p> <p>Dr Goss welcomed the report but noted that it would be useful for the committee to receive a summary alongside the given actions to contextualise the incident. Members discussed the importance of getting to the core of the issue when things go wrong, and Ms McNab suggested that it would be useful exercise to summarise the complaint in three sentences. Ms Wilkinson suggested that it would be useful to add a line to the serious incident report to reference that further detail will be included in the quarterly Quality Report.</p> <p>The Committee noted the update.</p>	
7.	<p>Learning from Patient Deaths: New National Guidance</p> <p>Ms Reynolds presented the learning from patient deaths report. A new national framework for NHS Trusts was introduced in March 2017 to implement a standardised approach to reporting, investigating and</p>	

	<p>learning from patient deaths in the NHS.</p> <p>Ms Harris-Birtles noted that this is a mandatory reporting requirement. The Committee was presented with a summary of key points and actions to be taken by the Trust. The Committee agreed all the actions listed in the paper including</p> <ul style="list-style-type: none"> • The set-up of a task and finish group to oversee policy and implementation of the process including how learning is shared • That Prof Burns as Non-Executive Director will take responsibility for oversight of progress to achieve better governance. <p>Ms Reynolds noted that a draft policy for learning from patient deaths would be presented to the Quality Committee in July 2017.</p>	
	<p>QUALITY</p>	
<p>8.</p>	<p>Quality Account 2016/17 & 2017/18 Quality Priorities: overview</p> <p>Ms Reynolds presented the Quality Account including the selected Quality Priorities for 2017-18 and also a reminder of how the Trust achieved its quality priorities for 2016-17 against national safety and quality standards. Ms Reynolds informed members that the Quality Account was presented to the Audit and Risk Committee on 15th May 2017. She added that feedback had been received from the Trust's commissioners who considered that the Trust had met its priorities for 2016/17.</p> <p>Dr Goss commented that the Quality Account presented today was much clearer than in previous years, particularly regarding areas which required improvement. Prof Burns requested whether further detail could be provided on how many incidents had been reported to the police. Ms Reynolds confirmed that she would be able get this information from the Trust's Local Security Management Specialist.</p> <p>The Committee agreed the Quality Account 2016/17 & 2017/18 Quality Priorities and noted that this would be presented to Board alongside the Annual Report on 23rd May 2017.</p>	
<p>9.</p>	<p>Infection Prevention and Control Annual Report</p> <p>Ms Harris-Birtles presented the Infection Prevention and Control Annual Report covering areas of hand hygiene, alert organisms/condition surveillance, infection prevention and control champions, antimicrobial prescribing and Infection Control environmental audits.</p> <p>Ms Harris-Birtles informed the Committee that environmental audit results were poor this year and considered that loss of leadership for the champions was a reason for this. Members were informed that the audit scores were significantly lower this year than previously but that</p>	

	<p>despite the low audit score there was not a significant increase in hospital acquired infections at the Trust. Ms Harris-Birtles considered that this was due to continued awareness raising and access to the IPC service with prompt advice and support given to related queries. Members were informed of a set of measures taken to improve infection control standards across the Trust, including the training of infection control champions to audit local areas. Mr Vernon queried how many champions might be needed to address the issues. Ms Harris-Birtles responded that one champion per team would be required and that the infection control lead would be working on a refreshed list of champions. Dr Goss queried whether there was a risk associated to this issue. Members had a discussion about the handling of risk associated to the Trust audits. Ms McNab considered that the risk had increased because processes in place were not as strong as they could have been. Dr Goss requested that future minutes for the Infection Control Committee clearly record the risks and mitigations being actioned in relation to this issue.</p> <p>The Committee agreed that the Infection Control Committee should manage and assure the Quality Committee that the risks associated with the fall in infection control standards are being handled appropriately.</p>	
<p>10.</p>	<p>Policies for Ratification</p> <p>Mr Rowe presented six policy updates for ratification and highlighted the key proposed amendments for each.</p> <p>Mr Rowe informed the Committee that a new framework & needs assessment had been created and would be implemented for all new policies going forward. He added that the new framework will bring greater accountability for the policy document control system.</p> <p>The Committee discussed the ligature risk management policy. Ms Clifford clarified that the audit cycle for this is current quarterly. Dr Goss highlighted the importance of separating the existence of ligatures from the staff response to management of ligatures and the actions that need to be taken as a consequence.</p> <p>Having discussed the policies presented to it the Committee ratified the following:</p> <ul style="list-style-type: none"> • Procedural documents (Policy Operational Procedure, Standard Operational Procedure, Protocol, Guidance and guidelines) • Ligature risk management • Use of Zuclopenthixol Acetate (Clopixol Acupaase in Adults) 	

	<ul style="list-style-type: none"> • Management of Insomnia • Safeguarding Children • PREVENT 	
	CQC	
11.	<p>Action plan against the gaps which the CQC have identified as Must-Dos</p> <p>Ms Clifford presented the paper informing the Committee that the CQC action plan had been reviewed and filtered down to a list of must-do and should-do actions for the Trust. The plan which has been simplified provided a summary of the gaps and actions and also provided assurance that progress is being made.</p> <p>Ms Clifford informed the committee that the main areas of concern within the action plan are around care planning and managing waiting lists which are both currently being managed via the executive team meetings. She noted a number of recommendations that had been made about simplifying the interface of care plans via the care notes tool. The Committee discussed care notes ability to produce clear care plans and discussed whether it would be better to seek a consistent format.</p> <p>Dr Goss queried whether actions had yet led to improved results. Ms Harris-Birtles responded that the actions would need to be tested which will happen in part through the CQC quiz due to take place in July 2017. Dr Goss suggested that these actions should also be tested with service users as understanding how to respond to service users regarding care plans is vital.</p> <p>Dr Goss noted that the Board will need to be assured about the process for CQC and that it would be her role to help the Board plan for the next CQC visit. Ms Harris-Birtles noted that when the plan is signed-off by Board it will be shared more widely with the Trust.</p> <p>Ms Wilkinson queried what resources had been put in place to address the issues around care planning – she suggested that it might be advisable to create a project with a project lead to help tackle the core issues. Members considered that Mr Cann might be best placed to lead on ensuring the roll-out of the CQC action plan.</p> <p>The Committee also discussed that CQC action plan and the Quality Improvement projects should connect. Dr Goss suggested that they continue to be led separately but promoted as part of the same initiative.</p>	

	The Committee noted the update and that the CQC Action Plan will be submitted to the Trust Board on 23 May 2017.	
	PATIENT EXPERIENCE	
12.	<p>Quality Improvement at C&I – Progress Update</p> <p>Dr Johansson introduced the paper noting that the report updated on the progress made with the Trust Quality Improvement initiative. He informed the Committee that the QI hub is currently being developed; that 250 licences lasting two years have been procured for online training, and that 46 staff of 213 who expressed interest have begun online training for it. Dr Johansson noted that the team were now considering next steps particularly around developing a strong communications strategy. He added that there will be 5-10 projects running over the next few months which he would want to see aligned to CQC themes.</p> <p>Ms Reynolds suggested that it would also be useful to link the Trust's agreed quality priorities to this work. Ms Reeves suggested that while this was fine in principle the team were keen for the QI work to be led by staff.</p> <p>Ms Clifford suggested that it would be useful if the paper could include greater transparency on staffing costs for the Quality, Service Improvement and Redesign (QSIR) Course. The Committee also discussed that it could be useful to have a BME representative on the project team and that a good QI initiative is required if an 'outstanding' rating from the CQC is to be achieved.</p> <p>Dr Goss emphasised the importance of the QI work and the need to balance it being an organic process with it developing quickly.</p> <p>Dr Goss suggested that it would be useful to continue with good communications about the QI projects which had begun and to explore practice exchange workshops. Mr Vernon suggested that the QI programme should be encouraged for all areas of business and that it would be useful to have a vision regarding the strategic projects the Board would want to develop in relation to this.</p> <p>The Committee noted the presentation and agreed that a further update would be presented to it on 18th July 2017.</p>	
13.	<p>Quality Committee subcommittee minutes</p> <p>The Committee approved the following subcommittee minutes without amendments.</p> <p>a) Research and Development Committee on 21st April 2017</p>	
14.	<p>Any Other Business</p> <p>There was no other business</p>	
15.	<p>New Risks Identified at this meeting</p> <p>None.</p>	

16.	Risks Referred to/from other Committees None	
	Date of next meeting: Tuesday 18th July 2017 2.30 to 5pm. Executive Meeting Room 1, 3rd Floor East Wing, St Pancras. Papers deadline, Monday 10th July 2017, 5pm.	

I certify that these are a fair and accurate minute of the stated meeting.

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

(Date)