QUALITY COMMITTEE

Minutes of a Meeting of the Quality Committee
held on
Thursday, 4 January 2018 at 9.30am
at
Unit 8, The Point, Lions Way, Sleaford

PRESENT:  Mary Dowglass, Non-Executive Director (Committee Chair)
           Dr Sue Elcock, Medical Director
           Ian Jerams, Director of Operations
           Philip Jackson, Non-Executive Director
           Alan Lockwood, Non-Executive Director
           Anne-Maria Newham, Director of Nursing, AHPs & Quality

IN ATTENDANCE:  Alice Dengar, Matron at Guy’s & St Thomas NHS Foundation Trust
                 Elaine Dower, Assistant Director at 360 Assurance
                 Hugh Howe, NExT Director Participant
                 Peter Howie, Trust Secretary
                 Lesley Lashmar, Restrictive Intervention Team Leader (Upto item 2)
                 Zoe Rowe, Deputy Director of Nursing, AHPs & Quality (Upto item 2)
                 Amanda Stephens, Board Administrator

APOLOGIES:  Jane Marshall, Director of Strategy

The Chair welcomed everyone to the meeting, Hugh Howe, Elaine Dower and Alice Dengar introduced themselves for the benefit of everyone in attendance.

The meeting welcomed Lesley Lashmar and Zoe Rowe to the meeting, they would be providing the Committee with an update on Restrictive Interventions.

1  RESTRICTIVE INTERVENTIONS

Lesley Lashmar, Restrictive Intervention Team Leader introduced herself to the meeting.

Since taking on the team leader role in June 2017, Lesley has been working on identifying and putting into practice a work programme of Restrictive Intervention priorities. Some of the key priorities identified were as follows:

An Internal Restrictive Intervention intranet Site – this will be a page on the SHARON site which will enable all staff to have access to information and documentation relating to Restrictive Interventions.
Training Film – It had been agreed with the University of Lincoln that a number of 3rd Year students will work alongside the Trust to put a film together which will be used at Trust Induction, training and other relevant meetings and events, which has involved patients giving first hand experience on how it felt to be restrained.

Training Provision – Whilst the Trust currently carries out restrictive intervention training, the Trust has seventeen instructors working as managers, community and inpatient staff and give a maximum commitment of 30 days out of the year to help carry out the training. Due to the number of current trainers, an options appraisal has been sent to finance to look at how the service could be improved. The options being considered are:

1. Continue with the current trainers and look at training up another ten members of staff to be part time instructors;
2. Employ three full time instructors to specifically carry out the training;
3. Have one full time instructor and look at having a dedicated clinical instructor at each Trust site.

The Committee was advised that out of these options, option 2 was the preferred option, but a consultation report will be presented to the ODT and SDT Committees who would be making the final decision considering the investment required.

The Committee noted that the introduction of the term clinical holding had created confused recording on the Datix system around the types of interventions being used, when, why and by whom. It was advised that the decision was taken at the end of 2017 to reword and reduce the number of questions being asked. It was advised that it was likely that there will be an increase in the number of incidents being reported within the performance report due to the review.

The Committee thanked Lesley for providing the update on Restrictive Interventions.

Lesley Lashmar and Zoe Rowe left the meeting.

2 APOLOGIES FOR ABSENCE

These were noted as above.

3 DECLARATIONS OF INTEREST

There were no new declarations received.

4 ACRONYM BUSTER

The Committee was presented with the first draft of the new Acronym Buster.

The Director of Operations advised he had some additions for the acronym buster and would send them through so they could be added.

Action: Ian Jerams / Amanda Stephens

5 MINUTES OF THE PREVIOUS MEETING HELD ON 7 DECEMBER 2017

The minutes of the last meeting were reviewed by the Committee.

The following amendment would be made to the minutes:

Page 1, Item 1, line 1, Ashell should read as ‘Ashwell’. Action: Amanda Stephens
The Committee RESOLVED;

- To approve the minutes of the last meeting, subject to the above amendment.

6 MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes.

7 SCHEDULE OF ACTIONS AND FOLLOW UP

The Committee noted all the actions listed on the schedule had been completed.

Further information was provided on the following actions:

Annual Inquest Report – Alan Lockwood, Non-Executive Director asked how informal patients are protected whilst in the care of LPFT. The Committee was assured that informal patients are provided with an admission contract before they are admitted to a Trust ward, so they are aware of the care that will be provided. The arrangements for leave and self-discharge are clearly explained at the point of admission also. Staff have powers to hold patients if required for the patient or the public’s safety.

Highlights Exception Report & Minutes of the Patient Safety & Experience Committee meeting held on 7 November 2017, Infection Prevention and Control (IPC) – The Committee was advised that the flu vaccination campaign had reached 68% of the 70% threshold related to receiving the full CQUIN payment.

Highlights Exception Report & Minutes of the Patient Safety & Experience Committee meeting held on 7 November 2017, Learning from Incidents – The Committee was advised that the first session of the Clinical Quality Knowledge Exchange (CQKE) forum will be held on Monday 19 February.

The schedule was received and would be updated to reflect any new updates or actions arising from the meeting.

8 INTERNAL AUDIT REPORTS: UPDATES

The meeting reviewed the following reports:

Quality Governance, Follow-Up – Following the Limited Assurance report provided in 2016/17 on a review of the systems and processes in place around Quality Governance, a non-opinion follow-up was undertaken to assess the current position and to provide any further recommendations for ongoing development. The Committee noted the following findings from the report:

Quality Priorities – The six quality priorities which had been agreed by the Trust, are continually monitored by the Patient Safety & Experience Committee. An exception summary report and the meeting minutes are then presented to every Quality Committee meeting for assurance purposes.

Monitoring Ongoing Quality and Continually Improving - The Committee was advised that following the Board Development Session on the 14 December, it had been proposed that the Board Assurance Framework (BAF) be changed to include the development of objectives associated with each strategic priority. The Terms of Reference for the committee structure beneath the Quality Committee will then be aligned to the BAF and the strategic priorities and associated objectives. It was agreed that a session would be held at the next Board Development Session in
February 2018 to consider the current Strategic Priorities and how they should be aligned to the sub-committee’s.

It was noted that there had been significant progress made since the original review and that it had been recommended that a full assurance option review for Quality Governance be conducted during the 2018/19 quarter two internal audit plan.

Mental Health Act (MHA) Governance – The report provided Limited Assurance in relation to the arrangements in place for MHA monitoring, compliance and governance.

The Legislative Committee which was formed in November 2016, is asked to provide assurance to the Quality Committee that appropriate and effective governance mechanisms are in place for all aspects of MHA Monitoring and compliance with national, regional and local requirements.

The Committee was advised that the limited opinion, following the review found that the Legislative Committee may not be able to provide the required assurance. Eleven actions had been agreed, some of which had already been completed and work was underway to complete the others.

It had been reported that insufficient time was being given for the MHA reports to be scrutinised at the Legislative Committee meetings. The meeting was advised that the Legislative Committee will determine what information is to be provided within the reports, so that the Quality Committee can be provided with the appropriate assurance that MHA is being applied across the Trust. The Committee asked that this be highlighted within the Board summary report.

Action: Peter Howie / Mary Dowglass

Peter Howie advised the meeting that he had been liaising directly with the meeting admin support in relation to working on a forward agenda and for a schedule of actions process to be put in place for the Committee.

The Committee RESOLVED:
- To receive the reports.

9 HIGHLIGHTS EXCEPTION REPORT & MINUTES OF THE LEGISLATIVE COMMITTEE MEETING HELD ON 29 NOVEMBER 2017

The report presented the Committee with the minutes and key issues highlighted following the last Legislative Committee meeting.

Key Safeguarding, Mental Health Act (MHA) and Health and Safety issues highlighted to the Committee included:

Safeguarding:
- The long Leys Court Safeguarding Review is due to meet at the end of January, when the Terms of Reference (ToR) are expected to be agreed.
- NHS England have written guidance on Prevent Training & Compliance (July 2017) and guidance on mental health services in exercising duties to safeguard people for the rise of radicalisation (November 2017).
- S11 of the Children Act - North East Lincolnshire (NEL) have full compliance and Lincolnshire received a draft response that we are green on all areas.

Mental Health Act
- MHA Compliance - The use of Section 4 applications due to problems in securing the services of a doctor to provide the second medical
recommendation was being investigated following receipt of information at the Legislative Committee.

Health and Safety
- Legionella – It was noted that further action had been taken to provide a more robust resolution to persistent issues with legionella traces at Peter Hodgkinson Centre (PHC), due to the long term issues at the Lincoln County Hospital site. A robust inspection regime is in place with continuous disinfection being fitted.
- Smoke free policy – There had been two breaches of the policy at Ashley House and Maple Lodge due to the inappropriate creation of smoking areas which were close to buildings. Both of these incidents had since been addressed.

The Committee RESOLVED:
- To receive the report.

10 CONTINUOUS QUALITY IMPROVEMENT CQIMP 2: CULTURE & LEADERSHIP PROGRESS REPORT

The report provided the Committee with an update on domain 2 of the Continuous Quality Improvement (CQI) plan. Progress had continued to be made against all of the key areas within the domain, with a comprehensive range of Organisational Development (OD) and Leadership programmes and interventions. Updates were provided on the following key areas:

- There had been ten Internal Leadership Programmes delivered for bands 1-7, good evaluation on increased motivation, knowledge and skills in role had been received following these.
- The Leadership team coordinates a variety of internal coaching sessions which range from Career Development, Confidence & Self-esteem, Leadership Development and How to have difficult conversations. There are 10 trained coaches who provide the coaching sessions, with thirty members of staff who have accessed these this year.
- One hundred and sixteen members of staff have attended team development days throughout 2017, there had been ten days facilitated, with discussions on innovation, service re-design, role clarity, team objectives and team dynamics being discussed.
- There were five appraisal training days for managers and staff had been facilitated, which was attended by fifty seven members of staff.
- Four Inspirational Leadership Programmes (ILP), are held every year. The focus throughout 2017 had been on internal stories of development and good practice within the Trust.

The Committee agreed that the progress made should be highlighted within the Board summary report. **Action: Peter Howie / Mary Dowglass**

The Committee noted that the Trust Chair and Chief Executive (CEO) plan to meet with Jane McLean, Head of OD & Leadership to determine what Board and Senior Leadership Team developments should look like in the future.

The Committee RESOLVED:
- To receive the report.

11 CONTINUOUS QUALITY IMPROVEMENT CQIMP 3: PATIENT SAFETY PROGRESS REPORT
Following the last report presented to the December Quality Committee, The Director of Operations provided an update on the work being undertaken under work stream CQI mp3. The following updates were noted:

Care planning and risk assessment
• To ensure that care planning can be supported, work to procure a new clinical records system is underway. This will be applied against the revised Care Planning and Care Programme Approach (CPA) Policy. The new system will need to take account of the specific requirements to record Section 117 (Mental Health Act 1983) entitlement and associated elements of the Section 117 care plan separately.
• A meeting was held on the 21 December 2017 to consider the adoption and promotion of EQUIP training in support of person centred care planning.
• The key principles of the revised care planning and risk assessment policies and practices, along with the content of the EQUIP training will be reflected in one framework of training, called Care Planning and Risk Assessment training.
• A communications plan will be prepared for the New Year to brief all staff on the changes which had been made to address the concerns identified during the CQC inspection and subsequent re-inspection.

Clinical Supervision
• The consultation on the Trust’s final draft Supervision Passport, was completed at the end of December with extremely positive feedback. This had been developed by the task and finish group and had been piloted across some community and in-patient services. The Supervision passport will be rolled-out to the Trust’s clinical services during January-March 2018 (Quarter 4 2017/18), with communications to support the process being made available.
• To align to the recommendations of the Task and Finish (T&F) Group, the Trust’s Supervision policy will be amended and presented to the January T&F group meeting.

The Committee noted that continuous and positive progress was being made in regards to care planning, risk assessment and clinical supervision and asked that this be highlighted within the Board summary report.

Action: Peter Howie / Mary Dowglass

The Committee RESOLVED:
• To receive the report.

12 HIGHLIGHTS EXCEPTION REPORT & MINUTES OF THE MORTALITY SURVEILLANCE COMMITTEE MEETING HELD ON 4 DECEMBER 2017

The highlights and exception report following the last Mortality Surveillance Committee meeting was presented to the Committee. The following highlights were noted by the Committee:

- The development of a structured judgement tool is near completion to be used from January 2018. To ensure it is fit for purpose and provides the correct information for reporting purposes, the tool will continue to be reviewed regularly.
- The Committee’s Terms of Reference (ToR) had been reviewed, it was agreed that Clinical Directors and Pharmacy representation will be moved from the ‘core membership’ to ‘as required’ for attendance purposes.
Invitations for meeting attendance will be sent out as and when clinically appropriate.

- The Information Governance Department had been asked to ensure an information sharing agreement was in place due to the Trust being invited to attend the Lincolnshire Mortality Collaborative meeting.

The Committee was advised that the Council of Governors had expressed an interest and a willingness to be involved in any focus groups, workshops, events which may be required for the Mortality review work. It was agreed that this would be considered and Governors would be contacted if and when required. Further guidance is awaited on care for and participation by relatives and carers and Governors would have a valuable role to play when we move forward on this aspect.  

**Action: Sue Elcock**

The Committee RESOLVED:
- To receive the report.

### 13 CARE QUALITY COMMISSION (CQC) INSPECTION ACTION PLAN

The Director of Operations presented the report which provided the Committee with the ‘should do’ and ‘must do’ recommendations identified following the CQC’s report published in June 2017.

The majority of actions continue to make satisfactory progress, it was noted that a considerable amount of evidence had been provided and embedded within the action plan to support the progress which had been made. The Committee asked that this be highlighted within the Board summary report.

**Action: Peter Howie / Mary Dowglass**

It was noted that the removal and replacement of the raptor spike anti-climb equipment at the Francis Willis Unit remained off track. The Committee was assured that all the work within patient accessible areas had been completed but due to the contractors awaiting parts, elements remained incomplete.

The action plan will continue to be cross referenced with the trust level continuous quality improvement (CQI) initiatives to ensure there is one stream of activities.

The Committee noted that the action plan will continue to be presented at the Board of Directors’ and Quality Committee meetings until all the actions had been completed. The majority of completed actions, will be closed down in January and February 2018.

The Committee RESOLVED:
- To receive the report.

### 14 FORWARD AGENDA

The Committee reviewed the latest version of the forward agenda.

It was noted that with the meetings now being bi-monthly, the quantity of reports being presented throughout the year will enable the Committee to have thorough discussions on each agenda item.

The Committee RESOLVED:
- To approve the forward agendas.

### 15 ANY OTHER BUSINESS


Anne-Maria Newham advised the Committee that multi-agency Serious Case Reviews will be independently presented to the Board of Directors by Anne-Maria. Individual Management Reviews completed by LPFT would need to be overseen and presented by a NED member of the Quality Committee.

The Committee was advised the Amanda Stephens, Board Administrator would be leaving her role at the end of the Month. The Committee thanked Amanda for her support to the Committee and wished her well for the future.

There was no further items of business discussed.

16 LOCATION/S FOR FUTURE MEETINGS

The Director of Operations advised the meeting that Specialist Services will provide a presentation at the March meeting. It was agreed that Roni Swift, Specialist Services Divisional Manager would be asked to agree on which service will present to the next Committee meeting. Action: Ian Jerams

The Committee asked that a presentation from the four Service Divisions be provided at the May meeting in relation to MHA and the information being asked for inclusion within the MHA report which is presented to the Legislative Committee. Action: Ian Jerams / Sue Elcock

17 DATE, TIME & VENUE OF NEXT MEETING

The date of the next Quality Committee meeting would be on Thursday, 1 March 2018, at Trust Headquarters, St George’s, Long Leys Road, Lincoln, LN1 1FS.

There being no further business discussed, the meeting was closed.

Signed: …………………………………………
(Chair)

Date: ……………………………………………..