

**Minutes of the Quality Committee – Part A
Tuesday 9 February 2021 at 9.30am
Via Zoom**

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
Miss Helen Grantham, Non-executive Director
Mrs Claire Holmes, Director of Organisational Development and Workforce
Dr Chris Hosker, Medical Director
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Dr Lyndsey Charles, Clinical Director for LD and Older Peoples Services (for item 6)
Mrs Nikki Cooper, Head of Performance and Informatics
Mrs Cath Hill, Associate Director for Corporate Governance
Mr Waseem Munir, Head of Clinical Governance: Quality Assurance and Compliance
Mrs Sam Marshall, Legal Services and Complaints Lead (for item 7)

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
21/025	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Mrs Joanna Forster Adams, Chief Operating Officer, who is a member of the Committee.</p> <p>Apologies were also received from Miss Kerry McMann, Acting Head of Corporate Governance; and Ms Cath Wardle, Head of Clinical Governance: Patient Safety, who are attendees of the Committee.</p>	
	<p>The Committee was quorate.</p>	
21/026	<p>Declaration of any conflict of interest in respect of agenda items (agenda item 2)</p>	
	<p>No one present declared a conflict of interest in respect of agenda items.</p>	
21/027	<p>Approval of the minutes of the Quality Committee meeting held on the 12 January 2021 (agenda item 3)</p>	
	<p>The minutes of the Quality Committee meeting held on the 12 January 2021 were agreed as a true record.</p>	

21/028 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 January 2021 were suitable to be uploaded to the Trust's external website.

21/029 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.

21/030 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed and acknowledged those actions that remained hibernated. It noted that action 21/021, for Mrs Hill to circulate a feedback form from the service visit to Mill Lodge, had been completed. The Committee discussed action 21/011 for the template of the Annual Quality and Safety Reports to be aligned with the IHI framework. Dr Hosker explained that the template would not be amended at the current time, but confirmed that support was in place for the services to ensure that the content of the reports was appropriate.

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

21/031 Response to LeDeR report (agenda item 6)

The Committee received a report which summarised the key findings from the NHSE&I Learning Disability Mortality Review (LeDeR) Programme: Action from Learning. Dr Charles presented the report and explained that it had been written to support health practitioners across the Trust when providing care and interventions to people with a learning disability. She confirmed that the report had been shared with the Learning Disabilities (LD) Governance Group, Care Services Governance Group and the Trustwide Clinical Governance Group. Dr Charles went on to inform the Committee that the Trust now had representation on the Leeds LD Vaccination Group. The Committee noted the content of the report and the additional information provided.

Prof Baker questioned how many of the Trust's LD service users had been vaccinated. Dr Charles agreed to provide this information outside of the meeting. She went on to explain that feedback had been provided from staff who had discussed vaccinations with LD inpatients about what they had found helpful and what had not been helpful with regards to the vaccination programme. The Committee discussed the support available for those service

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users who may have been in out of area placements or have been cared for at home by carers during the pandemic and the availability of oxygen at the Trust's Supported Living Service.

The Committee **received** a report which summarised the key findings from the NHSE&I Learning Disability Mortality Review (LeDeR) Programme: Action from Learning. It **discussed** the report.

Mrs Marshall joined the meeting. Dr Charles left the meeting.

21/032

Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report (agenda item 7)

Mrs Marshall presented the combined report which contained data for quarter three. She informed the Committee that SPC charts were now being used to present the data around PAL's and complaints. She went on to inform the Committee that the Parliamentary and Health Service Ombudsman (PHSO) had collaboratively developed a Complaints Standard Framework that would be published in March 2021. She explained that this would be complimented with a suite of training and a model complaints procedure to lead a more consistent approach to complaint handling across NHS organisations. She confirmed that two mental health trusts had been involved in the pilot scheme for the framework.

The Committee questioned how many of the Trust's complaints had been referred to the PHSO. Mrs Marshall confirmed that two complaints were open and three were in the investigation stage. The Committee next discussed the 'incidents of severity death' chart. It noted that the quarterly Learning from Deaths paper would be presented at the next meeting on the 9 March 2021.

The Committee **received** the Combined Report which contained the data for quarter three. It **discussed** the content of the report.

Mrs Marshall left the meeting.

21/033

Infection Prevention and Control Board Assurance Framework (agenda item 8)

Mrs Woffendin presented the Infection Prevention and Control Board Assurance Framework. (IPCBAF). She reminded the Committee that the IPCBAF had been discussed at the Board of Directors' meeting in June 2020 where it was suggested that the Quality Committee should review the IPCBAF on a six monthly basis.

The Committee reviewed the IPCBAF. It questioned whether the Trusts Infection Prevention and Control Team had been involved in the design of the Child and Adolescent Mental Health Service (CAMHS) site that was being developed. Mrs Woffendin agreed to provide feedback to the CAMHS Project Group about this to ensure that it was picked up when the project reached that stage. The Committee agreed that it was assured around the oversight of the Trust's infection prevention procedures and plans.

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The Committee **reviewed** the IPCBAF. It was **assured** around the oversight of the Trust's infection prevention procedures and plans.

21/034

Update on Covid-19 cases across the Trust (agenda item 9)

Mrs Woffendin outlined that as of the 9 February 2021 there were nine outbreak areas across the Trust, adding that two of these had been staff only outbreaks. She confirmed that five wards had been closed and provided an update on the work that had been carried out to reopen Ward 5 to admissions. She highlighted some of the ongoing staffing challenges that were being faced. The Committee noted this.

Mrs Woffendin went on to confirm that the Infection Prevention and Control Team had been supporting staff across the Trust and that the Trust had now vaccinated 80.8% of its staff. The Committee welcomed this. It discussed personal protective equipment and redeployment. The Committee thanked Mrs Woffendin for the update and agreed that it was assured on the Trust's management of the outbreaks.

The Committee **noted** the information provided and was **assured** on the management of the Trust's response to outbreaks.

21/035 Combined Quality and Workforce Performance Report (agenda item 10)

Mrs Woffendin and Mrs Holmes presented the Combined Quality and Workforce Performance Report. Mrs Woffendin drew attention to the data around restraints and confirmed that this had been a data error. The Committee asked about data quality. Mrs Cooper confirmed that reporting was stable and that she had been seeing improvements to the data quality.

Mrs Holmes informed the Committee that the correct figure for the percentage of staff with an appraisal in the last 12 months was 53.8%. She went on to provide an update around mandatory training and outlined that the requirement for social distancing had caused a loss of 50% resus training capacity and PMVA training had lost 25% of PMVA training capacity. Mrs Holmes informed the Committee of a recovery plan to improve this and explained that the Trust was looking into the use of external training providers and external venues. The Committee noted that this was dependent on the level of service pressure and whether staff could be released to attend the training.

Miss Grantham asked about clinical supervision. Dr Hosker confirmed that Dr Eli Joubert, Clinical Director, would be responsible for clinical supervision and that he would be focusing on improving compliance. He added that Dr Joubert reported to the February TWCGG meeting to explain that he had identified discrepancies in the data that was being used to report compliance. Dr Hosker confirmed that Dr Joubert was working with HR to remedy this. The Committee noted the update.

The Committee **reviewed** and **discussed** the data provided in the Combined Quality and Workforce Performance Report.

21/036 Consideration of future areas for internal audit (agenda item 11)

Miss Grantham confirmed that the internal audit areas proposed by the Quality Committee at its meeting on the 10 November 2020 had been reviewed by the Audit Committee at its meeting on the 19 January 2021. She confirmed that the suggestions had been well received and considered.

The Committee suggested that clinical supervision could be a future topic for an internal audit. Specifically related to the new ways of carrying out clinical supervision due to the pandemic, such as virtual supervision, and whether this had an impact on quality.

The Committee **suggested** one area for a future internal audit. It **noted** that Miss McMann would share this information with the Audit Committee.

21/037 Quality Committee Hibernation Plan (agenda item 12)

The Committee **reviewed** the Hibernation Plan and **noted** the proposed new dates for the reports that had been missed.

21/038 Assurance and escalation reporting from the Trust's incident command arrangements (agenda item 13.1)

Mrs Woffendin confirmed that the Trust's Silver Command Group continued to meet three times per week and the Trust's Gold Command Group continued to meet once per week. The Committee discussed aspirant nurses and how they could support the Trust's services during the pandemic.

The Committee **noted** the update provided.

21/039 Assurance and escalation reporting from the Ethics Advisory Group (agenda item 13.2)

The Committee **received** the chairs report from the Ethics Advisory Group meeting that took place on the 14 January 2021. Dr Hosker **informed** the Committee that requests continued to be submitted to the Group and **confirmed** that it continued to add value.

21/040 Assurance and escalation reporting from the Trustwide Clinical Governance Group (TWCGG) (agenda item 13.3)

Dr Hosker provided an update on the work of the TWCGG since the 12 January 2021. He explained that discussions had taken place at the last meeting around: clinical supervision; clinical outcomes; post-incident debriefs; the ongoing work to ensure the seclusion room at the Newsam Centre was fit for purpose; and the Trust's involvement in POMH-UK audits. He also explained that mHabitat had been commissioned for a project around digital inclusion and confirmed that a detailed report would be presented to the next TWCGG meeting. It was noted that this would be shared with the Committee once available.

The Committee **noted** the updates provided and **acknowledged** the amount of work that was being carried out alongside responding to the pandemic.

21/041 Assurance and escalation reporting from the Physical Health Work Stream (agenda item 13.4)

Mrs Woffendin provided an update on the work that had been carried out by the Physical Health Work Stream since the 14 January 2021 which included outbreak management, involvement in the Trust's vaccination hub and providing infection prevention and control support across the Trust.

The Committee **noted** the updates provided.

21/042 Assurance and escalation reporting from any other groups (agenda item 13.5)

No further updates were provided.

21/043 Cumulative escalations log – for information only (agenda item 13.6)

The Committee **reviewed** the cumulative escalations log.

21/044 Any other business (agenda item 14)

Prof Baker asked about the Trust's involvement in the Care Quality Commission's (CQC) consultation on changes for more flexible and responsive regulation. Mrs Woffendin confirmed that the Trust had been involved in the consultation process. Mr Munir provided an update on the Trust's involvement to date. Mrs Woffendin added that the relevant individuals had continued to meet regularly with Trust's CQC Relationship Manager throughout the pandemic. She also confirmed that the CQC received regular progress updates on the Trust's must do and should do actions.

The Committee **discussed** the Trust's involvement in the Care Quality Commission's further consultation.

21/045 Key messages and/or any matters to be escalated to the Board of Directors (agenda item 15)

The Committee **agreed** on the following:

Issues to which the Board needs to be alerted:

- No issues to which the Board needs to be alerted.

Issues for advice from the Board:

- No issues for advice.

Things on which the Board is to be assured:

- The Committee received a report which summarised the key findings from the NHSE&I Learning Disability Mortality Review (LeDeR) Programme: Action from Learning. It noted that the report had been written to support health practitioners across the Trust when providing care and interventions to people with a learning disability. It discussed the key findings of the report.

- The Committee discussed the Trust's involvement in the CQC consultation on changes for more flexible and responsive regulation. It was assured that that the Trust had been involved in the consultation process, that the relevant individuals met regularly with Trust's CQC Relationship Manager and that the CQC received regular progress updates on the Trust's must do and should do actions.
- The Committee received an update on the Covid-19 outbreaks across the Trust and was assured by Trust's management of the outbreaks. It discussed the staffing issues faced on Ward 5 and received an update on the work that had been carried out to reopen the ward to admissions. The Committee was pleased to hear that the Trust had vaccinated 80.8% of its staff.
- The Committee received updates on the work of the Trust's Incident Command Groups, the TWCGG, the Ethical Advisory Group and the Physical Health Workstream. It acknowledged the amount of work that was being carried out alongside responding to the pandemic.
- The Committee received the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained the data for quarter three. It was informed that the Parliamentary and Health Service Ombudsman (PHSO) had developed a Complaints Standard Framework that would be published in March 2021. It noted that this would include a model complaints procedure to lead a more consistent approach to complaint handling across NHS organisations.
- The Committee reviewed the Infection Prevention and Control BAF and agreed that it was assured around the oversight of the Trust's infection prevention procedures and plans. It was agreed that this would be presented to the Committee on a six monthly basis.

The Committee received the Combined Quality and Workforce Performance Report. It discussed clinical supervision and mandatory training. The Committee received an update on data quality from Mrs Nikki Cooper, Head of Performance and Informatics. It noted that reporting was stable and the quality of data was improving.