

Minutes of the Quality Committee – Part A
Tuesday 11 May 2021 at 9.30am
Via Zoom

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
 Mrs Joanna Forster Adams, Chief Operating Officer
 Miss Helen Grantham, Non-executive Director
 Dr Chris Hosker, Medical Director
 Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Dr Ruth Berry, Interim Clinical Lead for Learning Disabilities (LD) Services, Lead Professional for LD Psychology (for item 6)
 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
 Mrs Sam Marshall, Legal Services and Complaints Lead (for items 7 and 8)
 Miss Kerry McMann, Acting Head of Corporate Governance
 Mr Andrew McNichol, Workforce Information Manager
 Mrs Cath Wardle, Head of Clinical Governance: Patient Safety

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
21/088	<p>Apologies for absence (agenda item 1)</p> <p>No apologies were received from members of the Committee.</p> <p>Apologies were received from Mr Waseem Munir, Head of Clinical Governance: Quality Assurance and Compliance, who is an attendee of the Committee.</p>	
	The Committee was quorate.	
21/089	<p>Declaration of any conflict of interest in respect of agenda items (agenda item 2)</p>	
	No one present declared a conflict of interest in respect of agenda items.	
21/090	<p>Approval of the minutes of the Quality Committee meeting held on the 13 April 2021 (agenda item 3)</p>	
	The minutes of the Quality Committee meeting held on the 13 April 2021 were agreed as a true record.	

21/091 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 13 April 2021 were suitable to be uploaded to the Trust's external website.

21/092 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.

21/093 Monitoring the Quality of Acute / PICU Out of Area placements (agenda item 4.1)

Mrs Forster Adams provided an update on the framework that had been developed to monitor the quality of the Acute and PICU out of area placements. Miss Grantham questioned how the Trust received feedback from service users in an out of area placement. Mrs Forster Adams confirmed that the Senior Care Co-ordinator would provide this intelligence. The Committee noted the update provided. It suggested that a quality indicator could be added to monitor safer staffing levels. Mrs Forster Adams agreed to feed this back at the next quarterly monitoring meeting.

JFA

The Committee **received** an update on the framework that had been developed to monitor the quality of the Acute and PICU out of area placements. It **noted** the information provided.

21/094 Assessment and Treatment Unit (agenda item 4.2)

Mrs Woffendin reminded the Committee that the Assessment and Treatment Unit had been temporarily closed. She informed the Committee that a report would be provided at the private meeting of the Quality Committee on the 8 June 2021. She added that the outcomes from a table top learning review would be presented at the private meeting of the Quality Committee on the 13 July 2021.

CW

CW

The Committee had a discussion on the governance routes for investigative reports that contained person identifiable information. It agreed that investigative reports should be presented to private meetings of the Quality Committee and the learning should be shared with the Trustwide Clinical Governance Group. It was agreed that the Trustwide Clinical Governance Group should be responsible for monitoring the progress made with any action plans relating to the investigative reports.

Mrs Forster Adams informed the Committee of an investigatory report that had been written about the Specialised Supported Living Service. It was

agreed that this would be presented to the private meeting of the Quality Committee on the 8 June 2021.

The Committee **received** an update on the review of the Assessment and Treatment Unit. It **noted** that two reports would be provided to the next private meeting on the 8 June 2021 and the outcomes from a table top learning review would be presented at the private meeting on the 13 July 2021.

21/095 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. Mrs Woffendin provided an update on action 21/022 regarding the professional leadership, clinical leadership and clinical governance restructure. She explained that the three pieces of work were being pulled together as part of a full management of change process. The Committee noted that a detailed report would be provided to its next meeting on the 8 June 2021.

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

21/096 Response to action number 21/078b regarding Art Therapists – for information only (agenda item 5.1)

The Committee **noted** the information provided on the Trust's Art Therapists.

Dr Berry and Dr Charles joined the meeting.

21/097 The deaths of people with a learning disability from COVID (agenda item 6)

Dr Berry presented a report which outlined the Trust's response to the recommendations made in the West Yorkshire and Harrogate Health Care Partnership's 'Learning Disability Health Inequalities Challenge'. She informed the Committee that the report also detailed the work that had been carried out by the Trust and plans for future work to address health inequalities for people with a learning disability.

The Committee discussed the report. It supported the work and suggested that it could be embedded as a quality improvement programme. The Committee agreed that progress updates should be provided to the Trustwide Clinical Governance Group and assurance should be provided to the Quality Committee on whether the outcome of this work leads to a reduction in health inequalities for people with a learning disability.

The Committee **received** a report outlining the Trust's response to the recommendations made in the West Yorkshire and Harrogate Health Care Partnership's 'Learning Disability Health Inequalities Challenge'. It **discussed** the report and **supported** the work ongoing to address health inequalities for

people with a learning disability.

Dr Berry and Dr Charles left the meeting. Mrs Marshall and Mrs Hill joined the meeting.

21/098

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

Mrs Marshall presented a combined report which contained the quarter four data on the Patient Advice and Liaison Service (PALS), complaints, compliments, claims, central alert system, incidents, serious incidents and inquests. She informed the Committee that the draft Complaint Standard Framework had been published by the Parliamentary and Health Service Ombudsman (PHSO) and confirmed that PHSO data was now included in the report. Mrs Marshall went on to inform the Committee that the Trust would be producing a series of videos in order to support staff who are involved in inquests.

The Committee discussed the report. It asked about the nature of the complaints made to the Gender Identity Service and was informed that the complaints related to waiting list times. The Committee drew attention to the subject matters of PALS contact. It noted that clinical treatment was the most common subject and asked for further detail around this. Mrs Marshall suggested that this may have been due to some services operating differently and some support services being closed due to the pandemic.

The Committee next discussed the outcome of complaints. It questioned whether the outcomes had improved over time. Mrs Marshall explained that more complaints were partly upheld than in recent years. She agreed to include further details on this in the next report. Mrs Woffendin commented that she had seen an improvement in the way the Trust responded to complaints compared to when she joined the Trust. The Committee went on to discuss violent and aggressive incidents and how these were categorised by severity.

SM

The Committee **received** a combined report which contained the quarter four data on the Patient Advice and Liaison Service (PALS), complaints, compliments, claims, central alert system, incidents, serious incidents and inquests. It **discussed** the data provided in the report.

21/099 Quality Report (Quality Account) (agenda item 8)

Mrs Marshall presented the draft Quality Report and Account and its production plan. She outlined that the publication date for the final report would be the 30 June 2021 and confirmed that the Quality Committee would review the report at its next meeting on the 8 June 2021.

Miss Grantham suggested that a reference to the following areas could be added to the report: multidisciplinary teams and cross working, pharmacy, complaints, new ways of working and engaging due to the pandemic e.g. the bank staff forum, and improving culture and how this links to quality. The Committee discussed which Board sub-committees received assurance around the progress made with the QIPS.

The Committee **reviewed** the draft Quality Report and Account and its production plan. It **provided** feedback on the report and **noted** that it would review the final version on the 8 June 2021.

21/100 Mrs Marshall left the meeting.

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

Mrs Woffendin informed the Committee that no services users were covid positive. She confirmed that the Mother and Baby Unit would reopen on the 14 May 2021 following its 28 day closure due to an outbreak. Mr McNichol confirmed that six members of staff were covid positive and six members of staff were currently isolating. The Committee noted the update provided. The Committee discussed different variants of Covid-19.

The Committee **noted** the update provided.

21/101 Combined Quality and Workforce Performance Report (agenda item 10)

Mrs Woffendin presented the Combined Quality and Workforce Performance Report. She highlighted the data around self-harm and violence and aggression. The Committee was pleased to hear that the number of vacancies had reduced and that there had been a reduction in sickness due to musculoskeletal issues. The Committee discussed sickness levels unrelated to Covid-19. Mrs Woffendin informed the Committee that a recovery plan had been developed around appraisals compliance. Mr McNichol agreed to send each executive director a list of those in their directorate who had not yet had an appraisal.

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

AMc

21/102 Board Assurance Framework (BAF) (agenda item 11)

Mrs Hill presented the BAF. The Committee reviewed SR1 and discussed the current risk score. It next reviewed SR2 and suggested that the clinical governance restructure could be added as a control. The Committee agreed that it was assured that SR1 and SR2 were being adequately controlled.

CHos

The Committee **reviewed** and **discussed** the BAF. It was **assured** that SR1 and SR2 were being adequately controlled.

21/103 Trustwide Clinical Governance Group Annual Report (agenda item 12)

Dr Hosker **presented** the Trustwide Clinical Governance Group Annual Report. The Committee **reviewed** the report and **noted** the information provided.

21/104 Quality Committee Annual Report (agenda item 13)

Prof Baker **presented** the Quality Committee Annual Report for 2020/21. The Committee **approved** the Report.

21/105 Quality Committee Hibernation Plan (agenda item 14)

The Committee **reviewed** the hibernation plan.

21/106 Assurance and escalation reporting from the Trust's incident command arrangements (agenda item 15.1)

Mrs Forster Adams **confirmed** that there had been no changes to the Trust's incident command arrangements since the last meeting. The Committee **noted** the update provided.

21/107 Assurance and escalation reporting from the Ethics Advisory Group (agenda item 15.2)

Dr Hosker informed the Committee that updates from the Ethics Advisory Group would now be received by the Trustwide Clinical Governance Group (TWCGG). He confirmed that any issues would be escalated from the TWCGG. Dr Hosker went on to inform the Committee that discussions would be taking place at the next meeting around the membership of the Ethics Advisory Group and whether it would allow observers at its meetings. The Committee explored whether service users could escalate issues to the Group.

Dr Hosker **provided** an update on the work of the Ethics Advisory Group. It **noted** that updates would now be received through the TWCGG.

21/108 Assurance and escalation reporting from the Trustwide Clinical Governance Group (TWCGG) (agenda item 15.3)

Dr Hosker provided an update on the work of the TWCGG since the 14 April 2021. The Committee was informed of an issue with Care Director relating to care plans. It noted that the Informatics Team had been trying to resolve the issue. The Committee discussed the importance of effective care planning. It agreed that this issue should be escalated to Board.

The Committee **noted** the updates provided.

21/109 Assurance and escalation reporting from the Physical Health Work Stream (agenda item 15.4)

Mrs Woffendin provided an update on the work that had been carried out by the Physical Health Work Stream since the 14 April 2021. She informed the Committee that a report had been presented around inoculation which confirmed that needle stick injuries had reduced. She also informed the Committee that environmental audits and PLACE audits would resume after being stepped down due to the pandemic. The Committee noted that compliance with the Infection Prevention and Control training was at 70% and that a plan had been developed to increase compliance. Mrs Woffendin went on to inform the Committee of anti-psychotic leaflets that had been developed that would be shared with GP's.

The Committee **noted** the updates provided.

21/110 Trustwide Safeguarding Group (agenda item 15.5)

Mrs Woffendin informed the Committee that the Safeguarding Group had met on 20 April 2021. She outlined that discussions were held around domestic homicides, serious adult reviews, a learning lesson review and a child safeguarding review. The Committee was pleased to hear that compliance with Safeguarding Adults Level 2 training was at 90%, compliance with Safeguarding Adults Level 3 training was at 77%, compliance with Safeguarding Children Levels 1-3 were at 84% and compliance with PREVENT training was at 94%.

The Committee **noted** the information provided.

21/111 Assurance and escalation reporting from any other groups (agenda item 15.6)

No further updates were provided.

21/112 Cumulative escalations log – for information only (agenda item 15.7)

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

21/113 Any other business (agenda item 16)

The Committee did not discuss any other business.

21/114 Key messages and/or any matters to be escalated to the Board of Directors (agenda item 17)

The Committee **agreed** that the following areas of discussion should be shared with the Board of Directors.

Issues to which the Board needs to be alerted:

- The Committee received an update on the work of the Trustwide Clinical Governance Group since the 14 April 2021. It was informed of an issue on Care Director relating to care plans. It noted that the Informatics Team had been reviewing options of how the issue could be resolved. The Committee discussed the importance of effective care planning and agreed that this should be discussed by the Board of Directors.

Issues for advice from the Board

- No issues for advice from the Board.

Things on which the Board is to be assured

- The Committee received a report outlining the Trust's response to the recommendations made in the West Yorkshire and Harrogate Health Care Partnership's 'Learning Disability Health Inequalities Challenge'. The Committee supported this work and suggested that this could be embedded as a quality improvement programme.
- The Committee reviewed the draft Quality Report and Account 2021/22. It provided feedback on the report and noted that it would review the final version on the 8 June 2021.
- The Committee received a combined which contained the quarter four data on the Patient Advice and Liaison Service (PALS), complaints, compliments, claims, central alert system, incidents, serious incidents and inquests. It discussed the subject matters of PALS contact, the outcomes of complaints and was informed that the Trust would be producing a series of videos in order to support those members of staff

who were involved in inquests.

- The Committee received an update on the work of the Trustwide Safeguarding Group. It was pleased to hear that Safeguarding Adults Level 2 training was at 90% compliance, Safeguarding Adults Level 3 training was at 77% compliance, Safeguarding Children Levels 1-3 were at 84% compliance and PREVENT training was at 94% compliance.
- The Committee reviewed and discussed the BAF. It was assured that SR1 and SR2 were being adequately controlled.