

Minutes of the Quality Committee – Part A
Tuesday 8 June 2021 at 9.30am
Via Zoom

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

In attendance: Ms Amanda Bailey, Infection Prevention & Control and Physical Health Lead (for item 8)
Mrs Nikki Cooper, Head of Performance and Informatics
Ms Michelle Higgins, Head of Infection Prevention & Control and Physical Health (for item 8)
Mrs Cath Hill, Associate Director for Corporate Governance
Mrs Sam Marshall, Legal Services and Complaints Lead (for item 6)
Miss Kerry McMann, Acting Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance: Quality Assurance and Compliance

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
21/115	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Miss Helen Grantham, Non-executive Director, who is a member of the Committee.</p> <p>Apologies were also received from Ms Cath Wardle, Head of Clinical Governance: Patient Safety, who is an attendee of the Committee.</p>	
	The Committee was quorate.	
21/116	<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.	
21/117	<p>Approval of the minutes of the Quality Committee meeting held on the 11 May 2021 (agenda item 3)</p>	
	The minutes of the Quality Committee meeting held on the 11 May 2021 were agreed as a true record.	

21/118 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 11 May 2021 were suitable to be uploaded to the Trust's external website.

21/119 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.

21/120 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. The Committee was informed that action 21/101 regarding an amendment to the controls for strategic risk two on the Board Assurance Framework had been completed and agreed that this action could be closed. The Committee discussed action 20/147 regarding the results of a POMH-UK audit on valproate. It was informed that the audit results would be shared with the Trust's Medicines Optimisation Group and the Trustwide Clinical Governance Group (TWCGG). It noted that any issues would be escalated to the Committee through the TWCGG. The Committee agreed to close this action.

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

Mrs Marshall joined the meeting.

21/121 Quality Report and Account (agenda item 6)

Mrs Marshall presented the final draft of the Quality Report and Account for 2020/21. She outlined that the document had been shared with stakeholders and confirmed that the feedback that had been provided at the May 2021 Quality Committee meeting had been incorporated into this version of the document. The Committee reviewed the report. It recognised the positive work that had taken place across the Trust, as showcased within the report, and thanked the staff members involved in the production of the document. The Committee discussed the communications plan for the report. The Committee was assured on the production of the Quality Report and Account for 2020/21.

The Committee **received** the final draft of the Quality Report and Account for 2020/21 and was **assured** on the production of the Quality Report and Account for 2020/21.

Mrs Marshall left the meeting.

21/122 Learning from Deaths Annual Report (agenda item 7)

The Committee **noted** that this report had been deferred to the September 2021 meeting.

21/123 Update on Covid-19 cases across the Trust (agenda item 9)

Mrs Woffendin informed the Committee that as of 8 June 2021 no services users were covid positive and there were no outbreaks across the Trust. The Committee discussed the Covid-19 infection rate in Leeds and York.

The Committee **noted** the update provided.

21/124 Combined Quality and Workforce Performance Report (agenda item 10)

Mrs Woffendin presented the Combined Quality and Workforce Performance Report. She drew attention to the self-harm data and provided details on this. The Committee questioned whether a Trustwide strategy around self-harm would be beneficial. Mrs Woffendin agreed to raise this at the Positive and Safe Practice Group and report back to the next meeting. Prof Baker drew attention to the physical restraints data and asked for further details on this. Mrs Woffendin agreed to provide further details on this at the next meeting.

CW

CW

Mrs Woffendin went on to provide an update on band 5 nursing vacancies. She confirmed that 40 of the vacancies would be filled by third year students in September 2021. Mr Skinner provided an update on the band 5 'other' vacancies across the Trust and confirmed these vacancies related to the new Red Kite unit for the Child and Young Peoples' Mental Health Service. He explained that the Recruitment Team were looking at how to attract individuals from out of the area to apply for the roles. Mr Skinner went on to provide an update on appraisals, compulsory training and wellbeing assessments. The Committee noted the updates provided.

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

Ms Bailey and Ms Higgins joined the meeting.

21/125 Infection Prevention and Control of Medical Devices Annual Report (agenda item 8)

Ms Higgins presented the Infection Prevention and Control and Medical Devices Annual Report. She confirmed that the report provided details on infection prevention and control and medical devices activity between 1 April 2020 and 31 March 2021. She highlighted the success of the flu campaign in 2020 which vaccinated 78% of staff. She added that a number of audits had been completed alongside the work carried out to respond to the pandemic.

The Committee discussed the content of the report. It noted that the report had been shared with Board members.

Prof Baker asked for an update on the flu campaign for 2021. Ms Higgins confirmed that planning was underway for this. She confirmed that the learning from the Covid-19 vaccination programme would be taken into account when planning. The Committee questioned whether there was a link between the individuals who opted out of the flu vaccination and the individuals who opted out of the Covid-19 vaccination. Ms Higgins explained that there was no evidence to suggest this. She outlined that feedback suggested that the reasons for opting out of the flu vaccination were different to the reasons for opting out of the Covid-19 vaccination. The Committee went on to discuss physical health. It acknowledged the improvements that had been made in this area.

The Committee next discussed the duty of candour relating to hospital-acquired infections. Ms Higgins confirmed that the team took advice from the Trust's Risk Management Team on this throughout the pandemic. The Committee asked for assurance that the duty of candour process was followed for all hospital-acquired infections. Mrs Woffendin confirmed that although a formal duty of candour letter was not sent for these cases, the Trust had been transparent with service users, families and carers. Ms Higgins agreed to update the Trust's Outbreak Plan to ensure that the duty of candour process was clearly outlined.

MH

The Committee asked Ms Bailey to provide an update on the Smokefree work that had been taking place across the Trust, noting that the Smokefree Policy had been rolled out during 2020/21. Ms Bailey confirmed that it had been well received by staff and service users. She explained that some of the work had been hibernated during the pandemic but confirmed that the team had two new posts which would focus on the Smokefree work. She informed the Committee of the support available for staff, such as training and smoking assessments on the wards. The Committee discussed the impact of smoking whilst taking specific medications and the importance of monitoring service users once they had been discharged. Ms Bailey confirmed that EPMA alerts had been set to ensure conversations took place around smoking prior to discharge and confirmed that information was available to those who had been discharged.

The Committee acknowledged that the Team has increased its availability due to the pandemic and questioned whether any further support or resource was needed. Ms Higgins explained that during 2020/21 the Infection Prevention and Control Team and the Physical Health Team became one Team to increase resilience and informed the Committee of a number of new roles that had been added to the Team during 2020/21. Ms Higgins assured the Committee that the team was adequately staffed and confirmed that the plan was to upskill existing team members to increase resilience. The Committee thanked the Infection Prevention and Control Team for the work carried out during 2020/21. Mrs Woffendin praised the Team for its resilience, commitment, passion and efforts throughout the pandemic.

The Committee **received** the Infection Prevention and Control and Medical Devices Annual Report for 2020/21. It was **assured** on the Infection Prevention processes that had been followed throughout the pandemic. It **thanked** the Infection Prevention and Control Team for the work carried out in 2020/21.

Ms Bailey and Ms Higgins left the meeting.

21/126 Quality Committee Hibernation Plan (agenda item 11)

The Committee **reviewed** the hibernation plan.

21/127 Assurance and escalation reporting from the Trust's incident command arrangements (agenda item 12.1)

Mrs Forster Adams confirmed that at the Gold Command meeting on 9 June 2021 a decision would be made on whether the incident response arrangements could be stood down. She emphasised that the arrangements could be stood up quickly if needed. She confirmed that a paper was being developed that would outline the triggers that would require incident response arrangements to be re-established.

The Committee **noted** the updates provided.

21/128 Assurance and escalation reporting from the Trustwide Clinical Governance Group (TWCGG) (agenda item 12.2)

Dr Hosker provided an update on the work of the TWCGG since the 11 May 2021. He confirmed there had been no issues to escalate. The Committee was informed of a report that had been produced by Dr Jennifer McIntosh, Professional Lead for Dietetics, which outlined a plan to create three strategies: a Food and Drink Strategy; a Dietetic Recruitment and Retention Strategy; and a Nutrition Training Strategy. The Committee welcomed the development of these strategies. It noted that food was a topic that was regularly mentioned in the service user stories at the Board of Directors' meetings. Dr Hosker agreed to circulate the report to members of the Committee.

CHos

The Committee **noted** the updates provided.

21/129 Assurance and escalation reporting from the Physical Health Work Stream (agenda item 12.3)

Mrs Woffendin provided an update on the work that had been carried out by the Physical Health Work Stream since the 11 May 2021. She reminded the Committee that the Physical Health Work Stream was one of the bronze command groups in the Trust's incident command structure. She confirmed

that this group had now been stood down and that the Infection Prevention and Control (IPC) and Medical Devices Group had been re-established. She added that the Physical Health Team and the IPC Team would continue to meet on a monthly basis.

Mrs Woffendin went on to inform the Committee of an internal audit that had been agreed which would look at compliance with the physical health template on CareDirector. She also informed the Committee of changes to PPE guidance regarding gloves. The Committee noted the updates provided.

The Committee **noted** the updates provided.

21/130 Assurance and escalation reporting from any other groups (agenda item 12.4)

No further updates were provided.

21/131 Cumulative escalations log – for information only (agenda item 12.5)

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

21/132 Any other business (agenda item 13)

The Committee did not discuss any other business.

21/133 Key messages and/or any matters to be escalated to the Board of Directors (agenda item 14)

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:

- No issues for escalation to the Board.

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 the Infection Prevention and Control and Medical Devices Annual Report for 2020/21. It discussed the work carried out in 2020/21 including the response to the pandemic, the flu campaign and the roll out of the Smokefree Policy. The Committee discussed physical health and acknowledged the improvements that had been made in this area. It also discussed the duty of candour process in relation to hospital-acquired infections. The Committee received assurance that the team was

adequately staffed. The Committee thanked the Infection Prevention and Control Team for the work carried out during 2020/21.

- The Committee received the final draft of the Quality Report and Account for 2020/21. It recognised the positive work that had taken place across the Trust, as showcased within the report, and thanked the staff members involved in the production of the report. The Committee agreed that it was assured on the production of the Quality Report and Account for 2020/21.
- The Committee received updates from: the Trust's incident command arrangements; the Trustwide Clinical Governance Group (TWCGG); and the Physical Health Work Stream.

It was informed of a report that had been presented to the TWCGG which outlined a plan to create three strategies: a Food and Drink Strategy; a Dietetic Recruitment and Retention Strategy; and a Nutrition Training Strategy. The Committee acknowledged that food was a topic that was regularly mentioned in the service user stories at the Board of Directors' meetings and welcomed the development of these strategies.