

Minutes of the Quality Committee – Part A
Tuesday 14 July 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 Nikki Cooper, Head of Performance and Informatics
Ms Lynn Chibage, Mental Health Nurse (observer)
Mr Steven Dilks, Head of Operations for the Forensics Services (for item 7)
Mr Mark Dodd, Head of Operations for CONNECT (for item 6)
Mr Gareth Flanders, Professional Lead for Nursing (for item 10)
Ms Caroline Frascina, Practice and Development Lead (for item 10)
Ms Gail Harrison, clinical staff governor (observer)
Dr Eli Joubert, Clinical Director (for items 6 and 7)
Ms Sam Marshall, Complaints & Legal Services Lead (for item 8)
Miss Kerry McMann, Acting Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance & Quality
Dr Gopi Narayan, Clinical Director (for item 7)
Mr Joseph Riach, service user governor (observer)
Ms Linda Rose, Head of Nursing (for item 10)
Dr Monique Schelhase, Clinical Lead for CONNECT (for item 6)

		Action
	<p>Welcome and Introduction</p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
21/134	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Cath Hill, Associate Director for Corporate Governance, who is an attendee of the Committee.</p> <p>No apologies were received from members of the Committee.</p> <p style="background-color: #cccccc;">The Committee was quorate.</p>	
21/135	<p>Declaration of any conflict of interest in respect of agenda items (agenda item 2)</p> <p style="background-color: #cccccc;">No one present declared a conflict of interest in respect of agenda items.</p>	
21/136	<p>Approval of the minutes of the Quality Committee meeting held on the 8 June 2021 (agenda item 3)</p>	

The minutes of the Quality Committee meeting held on the 8 June 2021 were **agreed** as a true record.

21/137 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 8 June 2021 were suitable to be uploaded to the Trust's external website.

21/138 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.

21/139 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. The Committee discussed action 21/025 regarding the duty of candour. It noted that information around duty of candour would be included in future Combined Complaints, Concerns, PALS, Compliments and Patient Safety Reports and agreed that this action could be closed.

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

21/140 CONNECT Service Annual Quality and Safety Report (agenda item 6)

Dr Schelhase presented the CONNECT Annual Quality and Safety Report. She provided a summary of the service and its key highlights and achievements during 2020/21. Highlights included: the launch of the adult eating disorder provider collaborative on the 1 October 2021; receiving an 'Innovation in Mental Health' Health Business Award; and receiving an NHS Parliamentary Award. She went on to outline how the service had successfully adapted in order to overcome the challenges of the Covid-19 pandemic, which included the use of social media and an increased number of virtual appointments. The Committee noted that the service had not had any positive cases of Covid-19 on its ward throughout the pandemic.

Dr Schelhase went on to inform the Committee of changes that had been made to the clinical model in 2020/21. She explained that the changes had led to the suspension of the early intervention pathway, the CAMHS transition pathway and the provision of second opinion assessments. Mr Dodd went on to outline the staffing challenges faced by the service in 2020/21 which included: the redeployment of staff from the wards which had reduced the capacity of the service; a number of staff taking maternity leave at the same time; and challenges in recruiting a consultant psychiatrist. He added that the

launch of the provider collaborative had led to the loss of posts within the inpatient ward and the community team. The Committee explored how the Trust could support the service with recruitment. Mr Dodd explained that the posts were highly specialised and there were few candidates available nationally that were suitably qualified and in a position to take up the posts. He went on to explain that service was working closely with HR to develop strategies to make the posts more attractive, including relocation packages and career opportunities.

The Committee discussed the configuration changes that had been made to the service. It noted that these changes had been overseen by the provider collaborative board. It explored how the Committee would have oversight of these decisions and the governance around provider collaboratives. The Committee next discussed clinical representation within the service. Mr Dodd informed the Committee that as a result of feedback from local communities additional funding had been allocated to recruit a member of staff from a minority ethnic background to work with local communities. The Committee suggested that social media could be used to engage with ethnic minority communities.

Mrs Forster Adams asked about service demand. Dr Schelhase explained that nationally there was a huge demand for eating disorder services and this was being seen by the service in 2021/22, especially regarding CAMHS cases. Prof Baker drew attention to the referrals by age for inpatients. The Committee discussed the transition pathways between CAMHS to CONNECT. It recalled that the Integrated Care Partnership (ICP) was undertaking an accelerator project which would focus on the transition between child and adult mental health care. Dr Hosker agreed to feedback to the ICP to ensure that children with eating disorders were considered in this work.

CHos

The Committee thanked Dr Schelhase, Mr Dodd and Dr Joubert for the report and for the work of the service during 2020/21.

The Committee **received** Annual Quality and Safety Report from CONNECT: The West Yorkshire and Harrogate Adult Eating Disorder Service. It **discussed** the report in detail.

Dr Schelhase and Mr Dodd left the meeting. Mr Dilks and Dr Narayan joined the meeting.

21/141

Forensic Service Annual Quality and Safety Report (agenda item 7)

Mr Dilks presented the Forensics Service Annual Quality and Safety Report. He outlined the key highlights and achievements of 2020/21, which included: the quality improvement work that had restarted following its hibernation during the pandemic; the development of a physical health care offer; the improvement of the service's CQC rating from 'requires improvement' to 'good'; the service's response to the Covid-19 pandemic; and the service working in partnership with two provider collaboratives that were due to launch 2021.

Mr Dilks went on to outline that the main challenge faced by the service in 2020/21 was staffing. He explained that there had been high vacancy rates, high levels of staff sickness and that many members of staff had been redeployed throughout the pandemic. He added that because of this there had been a high use of bank and agency staff. The Committee discussed the staffing challenges and the impact that this had on the resilience of staff. It expressed concern as to how a fragile workforce would cope with rising acuity and demand. It noted the work that had been carried out by the leadership team to support staff wellbeing and suggested that resilience training could be provided to staff on site. The Committee discussed the work of the occupational therapists throughout the pandemic and the positive impact of therapeutic activities.

The Committee next explored the recruitment initiatives that could be used to help the service. Dr Hosker informed the Committee that a report would be provided to the Workforce Committee in August 2021 to outline the steps that would be taken to address the medical vacancies and staffing challenges faced by the Forensics service.

Mrs Forster Adams informed the Committee of changes to the leadership team for the Forensic Service. The Committee asked for an update on the Forensics Service's leadership team to be provided in six months. The Committee next discussed seclusion facilities. It noted that half of all seclusion use in the service was by non-forensic patients. Mr Dilks informed the Committee that estates work would be taking place to improve the seclusion room facilities. The Committee asked for an update on this work to be provided as it progressed. Prof Baker drew attention to the data around incidents reported by the Forensic Outreach Team. The Committee asked Mr Dilks to double check this data was accurate.

SD

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The Committee noted that the NHS would continue to follow infection prevention and control guidance from Public Health England but there would be different rules for members of the public. It expressed concern at the issues that could arise from the differing rules. The Committee agreed that a communications piece should be circulated to the inpatient and outpatient community to clarify the measures that the Trust would continue to follow.

CW

The Committee thanked Mr Dilks, Dr Joubert and Dr Narayan for the Report. It acknowledged the efforts of the service in improving its CQC rating and the work that had been carried out to support the wellbeing staff.

The Committee **received** the Annual Quality and Safety Report from the Forensics Service. It **discussed** the report in detail.

Mr Dilks, Dr Joubert and Dr Narayan left the meeting. Ms Marshall joined the meeting.

21/142

Complaints, Patient Advice and Liaison Service (PALS), Claims and Incidents Annual Report (agenda item 8)

Ms Marshall presented a report which provided an overview of the PALS contacts, complaints, compliments, claims, inquests and incidents that occurred during 2020/21. The Committee reviewed the report. It discussed the duty of candour and agreed that it was clearly cited on this area and that it was assured on the processes followed with regard to the duty of candour.

The Committee next discussed the triangulation of data and questioned whether data could be used to review those areas that had staffing challenges to see whether they had higher incident levels. It asked Ms Marshall to share any data on claims with Mr Aiden Hugill, Head of Health and Safety going forward. Prof Baker drew attention to the number of catastrophic incidents that had taken place in 2020/21. Mrs Marshall agreed to check the accuracy of this data. The Committee went on to discuss the support available for staff who had been involved in an incident or inquest.

SM

The Committee went on to review the complaints received by theme. It noted that 'values and behaviours' was listed as a consistent factor in complaints received. Mrs Woffendin assured the Committee that any complaints or claims received relating to values and behaviours were explored in more detail with individuals and managers.

The Committee **received** the Complaints, PALS, Claims and Incidents Annual Report. It **discussed** the report in detail.

21/143

Ms Marshall left the meeting.

Update on the clinical governance restructure (agenda item 9)

The Committee **agreed** to defer this item until September 2021.

21/144

Ms Frascina, Mr Flanders and Ms Rose joined the meeting.

Safer staffing six monthly update report (agenda item 10)

Ms Rose presented a report which outlined the position of the Trust's wards staffing against safer staffing levels for the six month period from 1 November 2020 to 30 April 2021. She informed the Committee that the paper also provided an update on the recommendations that the Forensic Inpatient Service was tasked with following on from the previous six month review. The Committee discussed the information provided the report. It acknowledged the staffing challenges faced during the six month period and was assured that throughout the six month period there had only been one breach of safer staffing numbers.

The Committee discussed redeployment. Mrs Forster Adams confirmed that a small number of staff members were still redeployed where needed and assured the Committee that this was reviewed daily. Miss Grantham informed the Committee that the workforce issues identified in the report would be picked up by the Workforce Committee, including recruitment processes and career pathways. The Committee next discussed the use of the MHOST tool. It noted the longer term ambition around data collection. Mr Flanders went on to present part B of the report which contained details on the following specialist services: The Yorkshire Centre for eating disorders (YCED); Mill Lodge; Perinatal Services and the National Inpatient Centre for Psychological medicine (NICPM). The Committee reviewed and discussed the information provided.

The Committee **received** a report which outlined the position of the Trust's wards staffing against safer staffing levels for the six month period from 1 November 2020 to 30 April 2021. It **reviewed** the information provided and was **assured** that throughout the six month period there had only been one breach of safer staffing numbers.

Ms Frascina, Mr Flanders and Ms Rose left the meeting.

21/145 Update on Covid-19 cases across the Trust (agenda item 11)

Mrs Woffendin provided an update on the number of Covid-19 cases amongst staff and service users across the Trust and the number of outbreaks. She assured the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven. She added that the Trust was still awaiting further guidance on the Covid-19 booster vaccination.

The Committee **noted** the update provided.

21/146 Combined Quality and Workforce Performance Report (agenda item 12)

The Committee reviewed the Combined Quality and Workforce Performance Report. It discussed the data around incidents. Mrs Woffendin informed the Committee that there had been an increase in the number of falls and self-harm incidents and assured the Committee that this was being monitored. The Committee noted that the dashboard now included data from the Child and Young Peoples' Mental Health Service (CYPMHS). It asked Ms Cooper to add a statement onto future iterations of the report to clarify when the CYPMHS data was added to the dashboard.

NC

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

21/147 Consideration of future areas for internal audit (agenda item 13)

The Committee suggested that an audit could be carried out around the MHOST tool and data collection processes. Mrs Woffendin informed the Committee that planning was underway for an internal audit to be carried out around safer staffing which would include the MHOST tool.

Mrs Woffendin suggested that an internal audit could be carried out on the Non-executive Directors' oversight of estates issues. It agreed on the importance of estates and the impact that estates had on the quality of care. It agreed to refer this decision to the Finance and Performance Committee, noting that this Committee had oversight of estates issues.

F&P

The Committee **proposed** that the following areas should be considered for an internal audit:

- Non-executive Directors' oversight of estates issues

21/148 Quality Committee Hibernation Plan – for information only (agenda item 14)

The Committee **reviewed** the hibernation plan.

21/149 Trustwide Clinical Governance Group (agenda item 15.1)

Dr Hosker escalated an issue around medical staffing. It was agreed that a report would be provided to the Workforce Committee on the 5 August 2021.

The Committee **noted** the update provided.

21/150 Infection Prevention and Control and Medical Devices Group (agenda item 15.2)

Mrs Woffendin provided a verbal update on the work carried out by the Infection Prevention and Control Team since the last meeting which included outbreak management and supporting staff who had been contacted by the NHS Test and Trace app. She assured the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven.

The Committee **noted** the update provided.

21/151 Trustwide Safeguarding Group (agenda item 15.3)

Mrs Woffendin assured the Committee that there had been no issues to escalate from the Trustwide Safeguarding Group meeting that had taken place in June 2021. She informed the Committee that an OFSTED inspection would be taking place in children's services. Mrs Woffendin went on to inform the Committee of personnel changes within the Safeguarding Team.

The Committee **noted** the update provided.

21/152 Any other groups (agenda item 15.4)

No further updates were provided.

21/153 Cumulative escalations log – for information only (agenda item 15.5)

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

21/154 Any other business – Clinical Outcomes briefing paper (agenda item 16.1)

Dr Hosker presented a paper which provided an update on the clinical outcomes work that was being undertaken in partnership with the Institute for Healthcare Improvement. The Committee reviewed the report and noted that an update on clinical outcomes would be provided to the Council of Governors in November 2021.

The Committee **received** a paper which provided an update on the clinical outcomes work that was being undertaken in partnership with the Institute for Healthcare Improvement.

21/155 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 considered areas for future internal audits. It was suggested that an internal audit could be carried out on the Non-executive Directors' oversight of estates issues. It agreed on the importance of estates and the impact that estates had on the quality of care. It agreed to refer this decision to the Finance and Performance Committee, noting that

the Finance and Performance Committee had oversight of estates.

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 Annual Quality and Safety Reports from the Forensics Services and CONNECT: The West Yorkshire and Harrogate Adult Eating Disorder Service. It discussed: staff resilience and the work undertaken to support staff; transitions; and the governance around provider collaboratives. The Committee agreed that it was assured on the quality of care provided by the services.
- The Committee received the Complaints, PALS, Claims and Incidents Annual Report. It received assurance on the process for handling complaints. The Committee discussed the duty of candour. It agreed that it was clearly cited on this area and that it was assured on the processes followed with regard to the duty of candour.
- The Committee noted that the NHS would continue to follow infection prevention and control guidance from Public Health England but there would be different rules for members of the public. It expressed concern at the issues that may arise from the differing rules. An action was agreed for a communications piece to be circulated to the inpatient and outpatient community to clarify the measures that the Trust would continue to follow.
- The Committee received the Safer Staffing Six Monthly Update Report. It discussed the use of the MHOST tool and noted the longer term ambition around data collection. It was assured that throughout the six month period there had only been one breach of safer staffing numbers.
- The Committee received a verbal update on the work carried out by the Infection Prevention and Control Team since the last meeting which included outbreak management and supporting staff who had been contacted by the NHS Test and Trace app. Mrs Woffendin informed the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven. The Committee noted the number of positive Covid-19 cases across the Trust.

**The next meeting of the Quality Committee will be held
on Tuesday 14 September 2021 at 9.30am via Zoom**