

Minutes of the Quality Committee – Part A
Tuesday 14 September 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 Sarah Cooper, Head of Research and Development (for item 9)
Mr Mark Dodd, Head of Operations for Complex Rehab (for item 6)
Dr Rebecca Lasseko, Consultant Psychiatrist and Clinical Lead - Complex Rehab (for item 6)
Ms Sam Marshall, Complaints & Legal Services Lead (for item 11)
Miss Kerry McMann, Acting Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance & Quality
Dr Jamie Pick, Clinical Director (for item 8)
Dr Sophie Roberts, Clinical Lead for Deaf CAMHS (for item 7)
Ms Cath Wardle, Head of Clinical Governance & Patient Safety
Ms Louisa Weeks, Patient Experience and Involvement Lead (for item 10)

		Action
	Welcome and Introduction	
	Professor (Prof) Baker welcomed everyone to the meeting.	
21/156	Apologies for absence (agenda item 1)	
	No apologies were received from members of the Committee.	
	Apologies were received from Cath Hill, Associate Director for Corporate Governance, who is an attendee of the Committee.	
	The Committee was quorate.	
21/157	Declaration of any conflict of interest in respect of agenda items (agenda item 2)	
	No one present declared a conflict of interest in respect of agenda items.	
21/158	Approval of the minutes of the Quality Committee meeting held on the 13 July 2021 (agenda item 3)	
	The minutes of the Quality Committee meeting held on the 13 July 2021 were agreed as a true record.	

21/159 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 July 2021 were suitable to be uploaded to the Trust's external website.

21/160 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.

21/161 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 21/124a regarding a Trustwide self-harm strategy. Mrs Woffendin agreed to seek an update on the timescales for this work.

The Committee next discussed action 20/143a regarding a review of the quality dashboard. It agreed that the dashboard should be aligned with the quality strategy and suggested that a workshop could be held to develop the dashboard. Mrs Foster Adams and Mrs Cooper agreed to discuss this outside of the meeting and provide an update in October 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.

21/162 Complex Rehabilitation Ward 5 Newsam Centre Annual Quality and Safety Report (agenda item 6)

Dr Lasseko and Mr Dodd presented the Annual Quality and Safety Report for the Complex Rehabilitation Service. The Committee reviewed the report. It noted that compliance with compulsory training, clinical supervision and appraisals was below the targets. Mr Dodd assured the Committee that there was a plan in place to address these issues and confirmed that compliance rates had improved significantly since the report had been written.

The Committee discussed the quality of care provided by the service. Mr Dodd outlined that the quality of care was good and explained that this could be evidenced through care planning records, positive service user feedback and low numbers of complaints. He explained that although the service had received a rating of 'requires improvement' during the last CQC inspection, the majority of the CQC actions had been completed. Mrs Woffendin reassured the Committee that the service had been subject to a CQC peer review which had evidenced the significant progress that had been made. She added that the CQC had provided positive feedback on the progress made with the action plan.

The Committee discussed workforce challenges and opportunities. Mr Dodd informed the Committee of the significant changes that had been made to the service's workforce in 2020/21. The Committee noted that pressure on the ward had increased due to a shortage of Occupational Therapists and explored how the service could be further supported. Mr Dodd informed the Committee that from September 2021 there would be one student placement on the ward. He added that a Nursing Associate Trainee from the ward, who had been redeployed throughout the pandemic, was due to return in September 2021.

The Committee expressed concern that the report did not reflect any engagement with support services such as continuous improvement, organisational development and clinical audit. Mrs Woffendin assured the Committee that the team had been working with the Continuous Improvement Team as part of an improvement action plan. Mr Skinner assured the Committee that work was ongoing between the Organisational Development Team and the service. The Committee noted this. It thanked the services for the work carried out during 2020/21.

The Committee **received** the Complex Rehabilitation Ward 5 Newsam Centre Annual Quality and Safety Report. It **discussed** the report in detail.

Dr Lasseko and Mr Dodd left the meeting. Dr Roberts joined the meeting.

21/163

National Deaf Child and Adolescent Mental Health Services (CAMHS) Annual Quality and Safety Report (agenda item 7)

Dr Roberts presented the Annual Quality and Safety Report for the National Deaf CAMHS. She first outlined the challenges that the service had faced during the pandemic, which included: communication barriers due to a lack of clear masks at the start of the pandemic; the challenges faced in gaining a supply of clear masks; less practice of British Sign Language skills; and service users in the community feeling socially isolated due to the use of masks. She added that the changes made to ways of working during the pandemic had led to some positive impacts, which included: staff being able to attend more national meetings and events that were being held virtually; and the development of a virtual parents group.

The Committee asked Dr Roberts whether there were any risks to service delivery in 2021/22. Dr Roberts outlined a number of concerns which included: what a hybrid model of service delivery would look like; staff anxiety caused by returning to face to face practice; staff having to wear PPE which would cause communication barriers; staff departures and recruitment issues; and staff sickness in psychology.

Mrs Woffendin asked about safeguarding referrals from the service. Dr Roberts outlined that the service had high levels of safeguarding discussions and a lot of contact with the Safeguarding Team. She went on to explain that some of the common situations seen by the service were below the threshold of what was considered to be a safeguarding concern. The Committee suggested that work could be carried out to raise awareness of what

situations required a safeguarding referral and what situations would be classed as a child in need. Mrs Woffendin agreed to pick this up with the Safeguarding Team.

CW

The Committee went on to discuss digital poverty and equity. Dr Roberts informed the Committee that digital equipment had been sourced by the team and loaned out to service users who were affected by digital poverty. She explained that the team received no IT support with this which meant that staff had spent a lot of time setting up the equipment. She added that there had been issues in gaining zoom licences as there was no Trustwide process for this. The Committee noted the work carried out by the service to overcome the barrier of digital poverty when carrying out virtual appointments. It expressed concern that there was not a consistent approach to this across the Trust.

The Committee agreed that the report demonstrated a high quality service. It acknowledged the efforts of staff across the Trust in gaining supplies of clear masks and the positive impact this had. It thanked the service for its work during 2020/21.

The Committee **received** the Deaf CAMHS Annual Quality and Safety Report. It **discussed** the report in detail.

Dr Roberts left the meeting. Dr Pick joined the meeting.

21/164

Update on the progress made with the LYPFT Suicide Prevention Plan (agenda item 8)

Dr Pick provided an update on the progress made with the development of the Trust's Suicide Prevention Plan. He explained that the project had been paused due to significant changes in the leadership of the project. He went on to confirm that the leadership needs for the project and the priorities for the three sub groups would be reviewed at the Safe and Effective Group meeting on 30 September 2021. The Committee noted that updates on this work would be reported through the Trustwide Clinical Governance Group. It agreed that a progress update should be provided in six months' time.

JP

The Committee **received** an update on the progress made with the development of the Trust's Suicide Prevention Plan. It **noted** that the project had been paused and **agreed** that a progress update should be provided in six months' time.

Mr Pick left the meeting. Ms Cooper joined the meeting.

21/165

Research and Development Annual Report 2020/21 (agenda item 9)

Ms Cooper presented the Research and Development Annual Report. She highlighted the following points from the report: changes to the way clinical research was conducted due to the pandemic; the rise in awareness of clinical research in 2020/21; the support provided to the Covid-19 vaccine studies; the number of participants recruited to over 53 studies in 2020/21; the development of a new field in CareDirector to identify which service users consented to be approached for research; and the grants awarded in 2020/21 for research studies including Treating Phobias in Children, and Lego Therapy for Children with Autism in Schools.

The Committee questioned whether internships or student placements were available with the Research and Development Team. It suggested that the apprenticeship levy could be used. Ms Cooper confirmed that there were not currently any student placements in the Team but agreed that it would be a useful opportunity to promote research and development. She informed the Committee that conversations were taking place regarding preceptorships.

The Committee next discussed the research studies that had been carried out in 2020/21. It questioned whether any research was being carried out around the psychological impacts of Covid-19. Ms Cooper confirmed that the Team was contributing towards a national study that was focusing on the impact of Covid-19 on mental health. The Committee noted that the majority of studies were focused on three areas, as defined by the Research and Development Strategic Plan, which were: Child and Adolescent Mental Health Services; Liaison Psychiatry; and Dementia. It discussed the Trust's strategic ambition around research and acknowledged that the Strategic Plan would be refreshed in 2021.

The Committee **received** the Research and Development Annual Report. It **explored** the potential workforce opportunities in the Research and Development Team and **discussed** the Trust's strategic ambition around research ahead of the Research and Development Strategic Plan being refreshed.

Ms Cooper left the meeting. Ms Weeks joined the meeting.

21/166

Progress update on the recommendations from the Patient Experience Review (agenda item 10)

Ms Weeks provided an update on the progress made with the recommendations from the patient experience review. She informed the Committee of the work that had been carried out since the last update, which included: the development of a payment and reimbursement policy for service users and carers; and the development of a 'have your say' feedback measure, which allowed service users to provide feedback on any service. The Committee reviewed the involvement bulletin and viewed an involvement animation. The Committee was pleased to hear that the Trust would be applying for two stars accreditation for the triangle of care. It noted the updates provided and thanked the Patient Experience Team for its work over the last year.

The Committee **received** an update on the progress made with the recommendations from the patient experience review. It **noted** the updates provided and **thanked** the Patient Experience Team for its work over the last year.

Ms Weeks left the meeting. Ms Marshall joined the meeting.

21/167

Cumulative action log (agenda item 5)

Mrs Marshall provided an update on action 21/142 regarding the accuracy of the catastrophic incidents data provided in the Complaints, PALS, Claims and Incidents Annual Report. She confirmed that this data was correct and provided further context. She next provided an update on action 21/097 regarding the outcomes of complaints. She confirmed that information on the outcome of complaints was included in the Q1 Report. The Committee noted the updates provided.

Mrs Marshall **provided an update** on actions 21/142 and 21/097. The Committee **noted** that these actions had been completed.

21/168

Q1 Combined report: PALS, Complaints, Compliments, Claims, Central Alert System, Incidents, Serious Incidents & Inquests (agenda item 11)

Mrs Marshall presented the Q1 Combined Report. She outlined that the report had a section on the duty of candour and information on the outcomes of complaints. She informed the Committee of work that was taking place to: promote PALS; make it easier for people to raise a concern or compliment via smartphones through the use of QR codes; and develop guidance for staff on legal services.

The Committee discussed the report. It noted the duty of candour section and drew attention to data around confidentiality and information governance (IG) breaches. Mrs Marshall confirmed that when an IG breach had been reported,

the Trust's Data Protection Officer was notified who would complete an investigation. The Committee agreed that the Finance and Performance Committee should seek assurance around how breaches of information governance are managed.

F&P

The Committee **received** the Q1 Combined Report and **discussed** the information provided.

Ms Marshall left the meeting.

21/169

Collective Leadership & Clinical Governance Structures (agenda item 12)

Mr Munir and Mrs Wardle delivered a presentation on the review of collective leadership and clinical governance structures. The presentation included information on: the aim of the project; the issues identified with the current clinical governance structure; the work carried out so far; the outcome of the consultation; and the next steps of the project. The Committee noted the information provided in the presentation and the report. It agreed that a briefing paper on the interim clinical governance arrangements and the journey that would be taken to complete the project should be shared with the Board of Directors.

CW

The Committee questioned whether the governance restructure would have an impact on the governance around the Trust's support services. Mrs Woffendin assured the Committee that the Executive Team had previously discussed this and had agreed to review the interconnectivity of governance structures once the work had progressed further to ensure there was no repetition or silo working. The Committee was assured that the Executive Team had oversight of this.

The Committee noted the difficulties that had been faced during the project and the culture shift that was required. Miss Grantham confirmed that a paper on the HR and OD support for the clinical leadership and clinical governance restructure would be provided to the Workforce Committee in December 2021.

The Committee **received** an update on the review of collective leadership and clinical governance structures. It **noted** the progress made with the review.

21/170

Governance arrangements for CareDirector (agenda item 13)

Dr Hosker **presented** a report which outlined the updated governance arrangements for CareDirector. The Committee **reviewed** the report and **noted** that future updates would be provided through the TWCGG reports. It **agreed** that the report should be shared with the Finance and Performance Committee and the Audit Committee for information.

CHos

21/171 Update on Covid-19 cases across the Trust (agenda item 14)

Mrs Woffendin confirmed that as of 14 September 2021 no service users were covid-19 positive and there were no outbreaks across the Trust. 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.

21/172 Combined Quality and Workforce Performance Report (agenda item 15)

The Committee reviewed the Combined Quality and Workforce Performance Report. Mrs Woffendin informed the Committee that there had been an error regarding the reporting of pressure ulcers. She provided a detailed update on this and assured the Committee of the new reporting process around pressure ulcers. The Committee noted that it would receive updates on pressure ulcers through the Infection Prevention and Control of Medical Devices Group and agreed that it was assured on the management of pressure ulcers.

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

21/173 Board Assurance Framework (agenda item 16)

The Committee **reviewed** the Board Assurance Framework and was **assured** that both strategic risk one (SR1) and strategic risk two (SR2) were being adequately controlled. It **suggested** that the updated governance structure around CareDirector could be added as a control for SR1 and that the 2020/21 Research and Development Annual Report could be added as a control for SR2.

**CW
CHos**

21/174 Infection Prevention and Control Board Assurance Framework (agenda item 17)

Mrs Woffendin provided an update on the Infection Prevention and Control Covid-19 Board Assurance Framework. She informed the Committee of work that had been carried out regarding ventilation. Prof Baker asked whether carbon dioxide levels had been checked as a proxy measure for ventilation. Mrs Woffendin agreed that she would follow this up with the Estates Team. The Committee agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections.

CW

The Committee **reviewed** the Infection Prevention and Control Covid-19 Board Assurance Framework and was **assured** on the processes in place to

reduce the transmission of Covid-19 and other nosocomial infections.

21/175 Non-executive Director Service Visits Quarterly Report (agenda item 18)

The Committee **reviewed** the Non-executive Director Service Visits Quarterly Report and was **assured** of the processes in place to support service visits.

21/176 Quality Committee Hibernation Plan – for information only (agenda item 19)

The Committee **reviewed** the hibernation plan.

21/177 Trustwide Clinical Governance Group (agenda item 20.1)

The Committee **received** an update from the Trustwide Clinical Governance Group meeting in September 2021. Dr Hosker **informed** the Committee of a report that had been received around the development a Trustwide approach to formulation. The Committee **noted** the update provided.

21/178 Infection Prevention and Control and Medical Devices Group (agenda item 20.2)

Mrs Woffendin provided an update from the Infection Prevention and Control and Medical Devices Group in August 2021. She provided an update on the flu campaign and confirmed that compliance with the infection prevention and control training was at 82%. Mrs Woffendin went on to provide an update on the progress made with environmental audits.

The Committee **noted** the updates provided.

21/179 Any other groups (agenda item 20.3)

No further updates were provided.

21/180 Cumulative escalations log – for information only (agenda item 20.4)

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

21/181 Any other business (agenda item 21)

The Committee did not discuss any other business.

21/182

Key messages and/or any matters to be escalated to the Board of Directors (agenda item 22)

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 a report which outlined the updated governance arrangements for CareDirector. The Committee **agreed** that the report would be shared with the Finance and Performance Committee in September and the Audit Committee in October.
- The Committee received the Annual Quality and Safety Report for the National Deaf CAMHS. It discussed digital poverty and equity. Dr Roberts informed the Committee that digital equipment had been sourced by the team and loaned out to service users who were affected by digital poverty. She explained that the team received no IT support with this and added that there had been issues in gaining zoom licences as there was no Trustwide process for this. The Committee noted the work carried out by the service to overcome the barrier of digital poverty when carrying out virtual appointments. It expressed concern that there was not a consistent approach to this across the Trust.

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 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 also received the Infection Prevention and Control BAF and agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections.

- The Committee reviewed the Board Assurance Framework and was assured that both strategic risk one and strategic risk two were being adequately controlled.
- The Committee reviewed the Combined Quality and Workforce Performance Report. Mrs Woffendin informed the Committee that there had been an error regarding the reporting of pressure ulcers. She provided a detailed update on this and assured the Committee of the new reporting

process. The Committee noted that it would receive updates on pressure ulcers through the Infection Prevention and Control of Medical Devices Group and agreed that it was assured by the update provided.

- The Committee received an update on the progress made with the recommendations from the Patient Experience Review. It was pleased to hear that the Trust would be applying for two stars accreditation for the triangle of care.
- The Committee received a report and presentation on the review of collective leadership and clinical governance structures. The presentation included information on: the issues identified with the current clinical governance structure; the aim of the project; the work carried out so far; the outcome of the consultation; and the next steps of the project. The Committee was assured that the Executive Team had oversight of this project. It agreed that a briefing paper on the interim clinical governance arrangements and the journey that will be taken to complete the project should be shared with the Board of Directors.
- The Committee received the Research and Development Annual Report for 2020/21. It explored the potential for workforce opportunities in the Research and Development Team such as internships and student placements. It discussed the Trust's strategic ambition around research and acknowledged that the Strategic Plan would be refreshed in 2021.
- The Committee received the Annual Quality and Safety Report for the National Deaf CAMHS. It noted the challenges that the service had faced during the pandemic, which included communication barriers due to a lack of clear masks at the start of the pandemic and the challenges faced in gaining a supply of clear masks. It acknowledged the efforts of staff across the Trust in gaining supplies of clear masks and the positive impact this had. The Committee agreed that the report demonstrated a high quality service and thanked the service for its work during 2020/21.
- The Committee received the Annual Quality and Safety Report for the Complex Rehabilitation Service. It noted that compliance with compulsory training, clinical supervision and appraisals was below the targets but was assured that there was a plan in place to address these issues and that compliance rates had improved significantly since the report had been written.

The Committee discussed the quality of care provided by the service. It noted that although the service had received a rating of 'requires improvement' during the last CQC inspection, the majority of the CQC actions had been completed. It was reassured by the outcome of a CQC peer review which had evidenced the significant progress made and also noted that positive feedback had been received from the CQC on the progress made with the action plan.

**The next meeting of the Quality Committee will be held
on Tuesday 12 October 2021 at 9.30am via Zoom**