

**Minutes of the Quality Committee – Part A
Thursday 8 September 2022 at 1.00pm
Held via Zoom**

Present: Dr Frances Healey, Non-executive Director (Chair of the Committee)
Miss Helen Grantham, Non-executive Director
Dr Chris Hosker, Medical Director
Mr Darren Skinner, Director of People and Organisational Development
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Mr Mark Dodd, Deputy Director for Service Delivery
Mrs Cath Hill, Associate Director for Corporate Governance
Mr Nick Mant, Head of Operations for the Children and Young Peoples' Mental Health Service (CYPMHS) (for item 6)
Mr Andrew Johnson, Governor: Clinical Staff constituency (observer)
Miss Kerry McMann, Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance & Quality
Ms Jane Riley, Chief Pharmacist (for item 7)
Dr Ruth Sutherland, Consultant Clinical Psychologist / Clinical Lead for the CYPMHS (for item 6)
Ms Cath Wardle, Head of Clinical Governance and Patient Safety
Dr Gopi Narayan, Clinical Director for the CYPMHS (for item 6)

		Action
	<p>Welcome and Introduction</p> <p>Dr Healey welcomed everyone to the meeting.</p>	
22/144	<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. It was noted that Mr Dodd was in attendance to deputise for Mrs Forster Adams.</p> <p>The committee was quorate.</p>	
22/145	<p>Declarations 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>	
22/146	<p>Approval of the minutes of the Quality Committee meeting held on the 11 July 2022 (agenda item 3)</p> <p>The minutes of the quality committee meeting held on the 11 July 2022 were agreed as a true record.</p>	

22/147 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 July 2022 were suitable to be uploaded to the Trust's external website.

22/148 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.

22/149 Cumulative Action Log (agenda item 5)

The committee reviewed the action log and agreed to close the actions that had been completed. It noted the update provided for action 22/126, regarding the average wait from referral to first appointment for the Assertive Outreach Service. It requested current data on the average wait and, if needed, further information on the actions being carried out to reduce the wait.

NW / JF

The committee next reviewed action 22/125, regarding the Rehabilitation and Recovery Service's safety data. It noted that data had been submitted in response to the action but pointed out that this was for a different time frame. The committee asked Dr Hosker to double check which set of figures were correct.

CHos

The committee next discussed the update provided for action 22/108, regarding the use of carbon dioxide monitoring as a proxy for ventilation for transmission of airborne viruses. The committee agreed to close this action and agreed that it was assured by the reduced number of outbreaks across the Trust.

The committee reviewed the update provided for action 21/124a, regarding a Trustwide self-harm strategy. It noted that the NICE self-harm guidelines had been published. It was agreed that Mrs Woffendin and Dr Hosker would review the NICE guidelines and decide whether a Trustwide self-harm strategy was required to implement the guidance.

CW / CHos

The committee agreed to close action 22/040, acknowledging that The Patient Safety Incident Response Framework (PSIRF) had been published. It was agreed that a report should be provided to a future meeting to outline how PSIRF would be implemented across the Trust.

CHos / CW

The committee went on to discuss action 22/131b, regarding the evaluation of the implementation of a new FACE risk assessment process. The committee noted that a report would be provided when the implementation was at a more advanced stage and 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.

22/150 Little Woodhouse Hall Adolescent Inpatient Service Annual Quality Report
(agenda item 6)

Dr Sutherland presented the Little Woodhouse Hall Adolescent Inpatient Service Annual Quality Report. The committee noted that Little Woodhouse Hall closed in January 2022 when the service transferred to its new site, Red Kite View. Dr Sutherland highlighted the work carried out to involve service users and carers in the development of the new service and the Red Kite View build. She also informed the committee of improvement work that had been carried out following a CQC inspection that had taken place while the service was being provided by the Leeds Community Healthcare Trust. The committee questioned how assurance would be provided on the new service. It agreed that an interim annual quality report should be provided for the new service at Red Kite View.

**RS /
GN /
NM**

Dr Sutherland went on to inform the committee of a number of issues with the Red Kite View building. It was agreed that these risks should be shared with Mrs Woffendin, who would advise Dr Sutherland on the escalation routes that should be taken. Mrs Woffendin informed the committee that an action plan had been developed to resolve the issues and mitigate any risks posed. The committee noted lessons could be learned from the development of the new service and the Red Kite View new build. It suggested the Trust reviewed systems to ensure the learning from developments like this informs future service takeovers, newly developed services, and new builds. It agreed to raise this for further discussion at the Board of Directors meeting on 29 September 2022.

CW/RS

The committee acknowledged the pressures faced by the service during 2021/22, with the service being transferred between Trusts, the development of the new service and the move from Little Woodhouse Hall to Red Kite View taking place whilst responding to the pandemic. It thanked the service for its work during this period and encouraged Dr Sutherland to share the lessons learned with other services and with the New Hospitals Programme.

The committee **received** and **discussed** the Little Woodhouse Hall Adolescent Inpatient Service Annual Quality Report.

Dr Sutherland, Dr Naruyan and Mr Mant left the meeting. Ms Riley joined the meeting.

22/151 Medicines Optimisation Group Annual Report (agenda item 7)

Ms Riley presented the Medicines Optimisation Group (MOG) Annual Report. She highlighted the ongoing challenges with the use of valproate on women of childbearing age, reassuring the committee that the Trust had a process in place to mitigate this risk. She explained that citywide work with primary care services was ongoing.

The committee reviewed and discussed the report. It questioned the attendance levels at meetings, acknowledging that this had been an issue in the past. Ms Riley reassured the committee that attendance had improved and explained that the group was reviewing how frequently members, particularly those from the Trust's specialist services, should attend the meetings. The committee next received an update on the work being carried out to develop the Electronic Prescribing and Medicines Administration (EPMA) system. Ms Riley confirmed that she was working with the EPMA strategy group to make improvements to the system.

Dr Healey drew attention to references of Medicines and Healthcare products Regulatory Agency alerts within the terms of reference and the cycle of business, noting that although the MOG was clearly encompassing all types of National Patient Safety Alerts relevant to medication in its work programme, the language specifying only MHRA alerts was outdated. Ms Riley confirmed that this would be updated.

The committee thanked Ms Riley for the report and thanked the group for its work during 2021-22.

The committee **received** and **discussed** the Medicines Optimisation Group Annual Report.

Ms Riley left the meeting.

22/152 Inpatient Discharge Peer Support Workers Report (agenda item 8)

The committee **noted** that this item would be discussed in the private Quality Committee meeting.

22/153 Review of Trustwide Clinical Outcome Improvement Work (agenda item 9)

Dr Hosker presented a report which contained an independent qualitative review of the current work with outcome measures. The committee reviewed the report. It discussed the concerns and experiences relating to outcome measures listed in the report and suggested that members of staff could connect with their peers in acute trusts to resolve these concerns. The committee also discussed the next steps for this project and the resource required for this.

The committee **reviewed** and **discussed** a report on the use of clinical outcome measures across the Trust.

22/154 Learning from Deaths Report (agenda item 10)

Ms Wardle presented the Learning from Deaths Report, explaining that it contained a summary of the learning from deaths for quarter one. The committee noted the content of the report and reviewed the action plan. It was agreed that Mrs Woffendin and Dr Hosker would review the action plan to check the correct

**CHos
CW**

names were against the actions. The committee questioned how it could be assured that all previous learning and actions had been embedded across the Trust. Ms Wardle explained that the Trust would be using the IHI's 90-day Learning Cycle to measure the impact of actions, adding that there were also plans to review all open actions to see if they could be linked with ongoing pieces of work.

The committee made suggestions as to the information that could be included in future reports, which included: splitting the action plan into different categories for actions aimed at improving the process of Learning from Deaths and actions arising from deaths that had been reviewed or investigated; including information on any notifications made to the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH); and including learning or recommendations from NCISH and the Learning Disabilities Mortality Review programme.

The committee **received** the Learning from Deaths Report and **noted** the learning from deaths for quarter one.

22/155 **Combined Quality and Workforce Performance Report** (agenda item 11)

The committee reviewed the Combined Quality and Workforce Performance Report. It first discussed band six non-inpatient nursing vacancies, noting that the figures had risen sharply since April 2022. Mr Skinner provided an update on the possible reasons for this, adding that further analysis of the vacancy figures was needed, including checks of whether the zero numbers of vacancies prior to April 2022 were accurate. The committee noted that the Workforce Committee would receive further information on the vacancy figures at its next meeting, including information on leavers.

The committee next discussed band five nursing vacancies, acknowledging the number of vacancies and the significant impact this could have on the quality of care provided. Mrs Woffendin informed the committee of ongoing work to reduce the number of vacancies. She added that this issue had recently been discussed by the Executive Team, where it had been agreed that the vacancies would be reflected on a heatmap and shared with the Workforce Committee.

Mr Skinner provided an update on appraisals, explaining that the compliance figure had risen since the report had been written. He informed the committee that action plans had been developed by services to improve their appraisal rates. The committee next reviewed the clinical supervision data. Mrs Woffendin explained that the clinical supervision figure had increased since the report had been written and provided an updated figure. She reassured the committee that funding had been secured for additional training on this area which would be delivered from October 2022.

The committee **received** the Combined Quality and Workforce Performance Report and **noted** its content.

22/156 Update on Covid-19 cases across the Trust (agenda item 12)

Mrs Woffendin informed the committee that as of 8 September 2022, one service user and 15 members of staff were Covid-19 positive. She informed the committee of changes to national guidance around lateral flow testing for NHS staff and provided reassurance that the Trust had agreed to delay the implementation of this guidance until the end of the summer holiday period.

The committee was assured that the Trust continued to follow all national infection, prevention and control guidance and that the Director of Infection, Prevention and Control had daily oversight of all positive cases and outbreak management within the Trust.

The committee **received** an update on the management of Covid-19 across the Trust.

22/157 Assurance and escalation reporting: Trustwide Clinical Governance Group (TWCG Group) (agenda item 13.1)

Mrs Woffendin provided an update on the work of the Trustwide Clinical Governance Group. She informed the committee of work carried out around cyber attacks and informed the committee of a tabletop exercise that was due to be carried out. She also highlighted that the Leeds Autism Diagnosis Service had been shortlisted for a Positive Practice Mental Health award.

Mrs Woffendin went on to inform the committee of a discussion that had taken place regarding the use of the Trust's EPMA system by agency nurses. She outlined that 13 agency nurses had now received EPMA training and confirmed that no further contracts would be signed with agency nurses unless the training had been undertaken.

The committee **noted** the update provided.

22/158 Assurance and escalation reporting: Professions and Nursing Council (agenda item 13.2)

Mrs Woffendin informed the committee of discussions that had taken place around: the professional nurse advocate role; clinical supervision; and the template used for care planning.

The committee **noted** the update provided.

22/159	<p>Assurance and escalation reporting: Infection Control, Physical Health, Medical Devices and AMS Group (agenda item 13.3)</p> <p>Mrs Woffendin informed the committee of discussions that had taken place around the preparations for the flu vaccinations and the covid-19 booster vaccinations.</p> <p>The committee noted the update provided.</p>
22/160	<p>Assurance and escalation reporting: Any other groups (agenda item 13.4)</p> <p>No further updates were provided.</p>
22/161	<p>Cumulative escalations log – for information only (agenda item 13.5)</p> <p>The committee reviewed the cumulative escalations log.</p>
22/162	<p>Any other business (agenda item 14)</p> <p>The committee did not discuss any other areas of business.</p>
22/163	<p>Key messages and/or any matters to be escalated to the Board of Directors or Board sub-committees (agenda item 15)</p> <p>The committee agreed that the following areas of discussion should be shared with the Board of Directors:</p> <p>Issues to which the Board needs to be alerted</p> <ul style="list-style-type: none"> • No issues to which the Board needs to be alerted. <p>Issues to advise the Board on</p> <ul style="list-style-type: none"> • No issues to advise the Board on. <p>Things on which the Board is to be assured</p> <ul style="list-style-type: none"> • The committee received the Little Woodhouse Hall Adolescent Inpatient Service Annual Quality Report. Whilst the report only encompassed the service before the site closed, discussion noted lessons could be learned from the development of the new service and the Red Kite View new build. The committee suggested the Trust reviewed systems to ensure the learning from developments like this informs future service takeovers, newly

developed services, and new builds. It agreed to raise this for further discussion at the Board of Directors meeting on 29 September 2022.

- The committee reviewed the Medicines Optimisation Group Annual Report and was assured on the work of this group.
- The committee received a report which contained an independent qualitative review of the current work with outcome measures. It discussed the concerns and experiences relating to outcome measures listed in the report and suggested that members of staff could connect with their peers in acute trusts to resolve these concerns.
- The committee reviewed the Learning from Deaths Report which contained a summary of the learning from deaths for quarter one. It questioned how it could be assured that all previous learning and actions had been embedded across the Trust and was informed of plans to use the IHI's 90-day Learning Cycle to measure the impact of actions.
- The committee received an update on the management of Covid-19 across the Trust. It was assured that the Trust continued to follow all national IPC guidance and that the Director of IPC had daily oversight of all positive cases and outbreak management within the Trust.

Items to be referred to other Board sub-committees

- No items to be referred to other Board sub-committees.

**The next meeting of the Quality Committee will be held
on Tuesday 11 October 2022 at 9.30am via Zoom**