

**Minutes of the Quality Committee – Part A**  
**Tuesday 12 April 2022 at 9.30am**  
**Held via Zoom**

**Present:** Miss Helen Grantham, Non-executive Director (Deputy Chair of the Committee)  
Mrs Joanna Forster Adams, Chief Operating Officer  
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:** Ms Natasha Barbar Evans, Head of Service Delivery for Relate Bradford and member of the Non-executive Director Insight Programme (observing)  
Dr Rob Baskind, Clinical Lead and Consultant Psychiatrist, Leeds Adult ADHD service (for item 7)  
Ms Maureen Cushley, Head of Operations for Acute Care Services (for item 6)  
Dr Gail Galvin, Clinical Lead for Acute Care Services (for item 6)  
Mr Fabrizio Girolomini, Improvement Manager and Clinical Effectiveness Lead (for item 10)  
Dr Frances Healey, Associate Non-executive Director  
Mrs Cath Hill, Associate Director for Corporate Governance  
Ms Sam Marshall, Quality & Patient Safety Lead (for item 9)  
Mr Waseem Munir, Head of Clinical Governance & Quality  
Mr David Rowley, Head of Operations (for items 7)  
Ms Louisa Weeks, Patient and Carer Experience and Involvement Lead (for item 8)

**Action**

**Welcome and Introduction**

Miss Grantham welcomed everyone to the meeting. She welcomed Dr Frances Healey, Associate Non-executive Director, to her first Quality Committee meeting.

**22/056 Apologies for absence** (agenda item 1)

Apologies were received from Professor John Baker, Non-executive Director, who is a member of the committee. It was noted that Mrs Forster Adams and Mr Skinner would be joining the meeting shortly.

Apologies were also received from: Ms Abby Boden, Head of Clinical Governance and Regulation; Ms Nikki Cooper, Head of Performance and Informatics; Miss Kerry McMann, Head of Corporate Governance; and Ms Cath Wardle, Head of Clinical Governance and Patient Safety; who are attendees of the committee.

The committee was quorate.

**22/057 Declarations 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.

**22/058 Acute Care Services Annual Quality Report 2021/22 (agenda item 6)**

Ms Galvin presented the Acute Care Services Annual Quality Report. She outlined the challenges that had been faced by the service in 2021/22 which included the response to the Covid-19 pandemic and a high number of nursing and medical vacancies across the services. She went on to outline the achievements of the services in 2021/22 which included: meeting safer staffing requirements; the development of progression routes within the services; progress made with the Acute Care Excellence project; the implementation of safe wards and safety huddles to reduce violence and aggression; and a finding of significant assurance from an internal audit around bed management processes.

The committee discussed staffing. It acknowledged the issues being faced regarding medical staffing. Mrs Cushley outlined that staff across the services had demonstrated excellent resilience and compassion throughout 2020/21. She went on to inform the committee that the services had been working with third sector partners through the peer support worker role, explaining that 12 peer support workers throughout the services had been acting as discharge co-ordinators, to support service users to attend benefits and housing meetings. She outlined that this had proven to be successful and explained that a report was due to be produced on this. The committee asked for the Board to receive an opportunity to review this report once it had been produced.

**MC**

The committee thanked the service for the report and for the work carried out during 2021/22. It agreed that the report evidenced the strong clinical and operational leadership across the services.

The committee **received** the Acute Care Services Annual Quality Report 2021/22 and **discussed** it in detail.

Mrs Cushley and Dr Galvin left the meeting.

**22/059 Approval of the minutes of the Quality Committee meeting held on the 8 March 2022 (agenda item 3)**

The committee reviewed the minutes of the meeting held on 8 March 2022. Mrs Woffendin requested that an amendment be made to minute number 22/044, clarifying that it was only new complaints that had not been allocated to an investigator within three days due to organisational business continuity. Mr Munir requested that an amendment be made to minute number 22/043, reminding the committee that an action had been agreed for him to look at whether the Quality Report could be structured to be in line with the STEEEP model. It was agreed that Miss McMann would make the amendments to the minutes.

**KM**

The minutes of the quality committee meeting held on the 8 March 2022 were **agreed** as a true record, subject to two amendments.

**22/060 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 March 2022 were suitable to be uploaded to the Trust's external website, subject to two amendments.

**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.

Dr Baskind, Mr Rowley and Mrs Forster Adams joined the meeting.

**22/061 ADHD Services Annual Quality Report 2021/22** (agenda item 7)

Dr Baskind presented the ADHD Services Annual Quality Report. He outlined the achievements of the service in 2021/22 which included: the adaptations made by the service to move to remote working during the pandemic and work carried out around continuous improvement. Mr Rowley informed the committee that, following a discussion at the quality committee meeting on 8 March 2022, non-recurrent funding had been granted for 2022/23 to increase clinical capacity. The committee acknowledged that this would support the service for one year but would not resolve the significant issues being faced by the service. It questioned whether anything could be done to improve resource for the service at a place level and agreed that a further conversation was required about the ongoing demand and capacity issues. The committee agreed to escalate this issue to the Board of Directors.

Dr Baskind next went on to outline the challenges that had been faced by the service in 2021/22 which included: redeployment; missing prescription requests; a significant increase in referral numbers; and a lack of clinical capacity to meet the increased demand. Mrs Woffendin asked for further details on the missing prescription requests. Dr Baskind explained that the consultant psychiatrists were required to make written requests for GPs to make prescriptions as they did not have the authority to send prescriptions. The committee acknowledged that this process could be more efficient if electronic community prescribing was an option for the consultant psychiatrists. Dr Hosker outlined that a paper had been submitted to the Trustwide Clinical Governance Group in April 2022 on the Trust's Electronic Prescribing and Medicines Administration (EPMA) system and the changes required to the system to make community prescribing possible.

The committee thanked the service for the report and for the work carried out during 2021/22. It noted that Dr Baskind was due to leave the service and thanked him for the work he had carried out during his time with the Trust.

The committee **received** the ADHD Services Annual Quality Report 2021/22 and **discussed** it in detail.

Dr Baskind and Mr Rowley left the meeting.  
Ms Weeks and Ms Marshall joined the meeting.

**22/062 Patient Experience and Involvement Progress Report** (agenda item 8)

Ms Weeks presented the Patient Experience and Involvement Progress Report. She reported that despite the challenges faced over the last six months, the Trust had continued to effectively involve, engage with, and listen meaningfully to service users and carers whilst making progress on the priorities identified in the Patient and Carer Experience and Involvement Strategy. She informed the committee of three main achievements in the last six months which included: the introduction of the 'Have Your Say' measure; the involvement of service users and carers in the development of a new clinical governance structure; and the work of the Service User Network (SUN).

The committee thanked the Patient Experience and Involvement Team for the work carried out over the last six months and thanked all those service users and carers that had been involved for their commitment. It acknowledged the challenges in trying to achieve meaningful engagement whilst working remotely. The committee agreed that it was assured by the update provided.

The committee asked whether the SUN had discussed employment opportunities for those with lived experience, specifically into senior positions. Ms Weeks confirmed that both service users and services had expressed interest in this. The committee agreed that the Workforce Committee should have a discussion around recruitment and career pathways for those with lived experience of using mental health and learning disability services.

W/C

The committee **received** the Patient Experience and Involvement Progress Report and **discussed** it in detail.

Ms Weeks left the meeting.

**22/063 Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report** (agenda item 9)

Ms Marshall presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained the data for quarter three and benchmarking data. The committee reviewed the report. It discussed compliments and agreed how impactful they could be. Mrs Marshall informed the committee that she would be working with the Communications Team to share compliments more widely amongst staff.

The committee noted that one of the key findings from the Ockenden Review of Maternity Services was that patients' concerns had been ignored. It asked whether there were any areas across the Trust that did not receive complaints. Mrs Marshall assured the committee that this had been reviewed and the findings

showed that where services had no complaints, there was a high level of feedback provided using the 'Have Your Say' feedback measure.

The committee **received** the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report and **discussed** it in detail.

Mrs Marshall left the meeting.  
Mr Girolomini joined the meeting.

**22/064 Clinical Audit Priority Plan 2022/23** (agenda item 10)

Mr Girolomini presented the Clinical Audit Priority Plan 2022/23. The committee reviewed the plan and noted the individuals and governance groups that had been involved in the development of the plan. It agreed that it was assured on the priority topics for 2022/23.

The committee **reviewed** the Clinical Audit Priority Plan and was **assured** on the priority topics for 2022/23.

**22/065 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 20/043a regarding an update of the quality dashboard. It was suggested that a meeting should take place outside of the quality committee to discuss this further. It was agreed that Miss McMann would arrange this meeting to take place after a future committee meeting.

The committee next discussed action 21/141c regarding improvements that were due to be made to the Forensics Services' seclusion room facilities. It was noted that the Trust's Executive Risk Management Group had oversight of this work. 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.

**22/066 Combined Quality and Workforce Performance Report** (agenda item 11)

The committee reviewed the Combined Quality and Workforce Performance Report. Mrs Woffendin provided further details on the number of falls that had taken place in February 2022 and reassured the committee that the number had stabilised in March 2022. Mr Skinner drew attention to the increase in bank and agency spend. He reassured the committee that the Finance and Performance Committee had received a paper on this and that the Workforce Committee would also receive an update on this at its meeting on 14 April 2022. The committee next discussed wellbeing assessments. Mr Skinner agreed to provide further details on any areas that were non-compliant to the Workforce Committee.

**KM**

**DS**

The committee **received** the Combined Quality and Workforce Performance Report and **discussed** it in detail.

**22/067 Non-executive Director Service Visits Quarterly Report** (agenda item 13)

The committee **received** the Non-executive Director Service Visits Quarterly Report and **noted** the information provided.

**22/068 Update on Covid-19 cases across the Trust** (agenda item 12)

Mrs Woffendin informed the committee that as of 14 April 2022 there were two outbreaks amongst staff and two outbreaks amongst service users. She confirmed that the outbreaks amongst staff were not connected in any way. She went on to provide an update on the changes to guidance around testing, explaining that the Trust would no longer be carrying out PCR tests on new admissions, but instead carrying out lateral flow tests. The committee noted the update provided.

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

**22/069 Committee Effectiveness Questionnaire results** (agenda item 14)

The committee **received** the results of the committee effectiveness questionnaire. It **noted** the scores and comments provided and **agreed** that the committee remained effective.

**22/070 Quality Committee Annual Report** (agenda item 15)

The committee **reviewed** the Quality Committee Annual Report. It **approved** the report, noting that it would be presented to the Board of Directors in June 2022.

**22/071 Assurance and escalation reporting: Trustwide Clinical Governance Group** (agenda item 16.1)

Dr Hosker provided an update on the reports that had been presented to the Trustwide Clinical Governance Group in April 2022, which included: a report on the work taking place around the Respect Agenda; a report on information governance breaches and the measures put in place to reduce these; a report on the EPMA system; and a report on delays to CT scans.

The committee **noted** the update provided.

**22/072 Assurance and escalation reporting: Infection Prevention and Control and Medical Devices Group** (agenda item 16.2)

Mrs Woffendin confirmed that the Group was not due to meet until May 2022. She reassured 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 discussed vaccinations and received a progress update on this area.

The committee **noted** the update provided.

**22/073 Assurance and escalation reporting: Professions and Nursing Council** (agenda item 16.3)

Mrs Woffendin informed the committee that the first meeting of the Professions and Nursing Council took place on 11 March 2022. She explained that at its meeting the council had agreed its terms of reference, cycle of business and the priority areas for each professional group. She added that the council had also reviewed the Trust's Nursing Strategy and the progress made with the action plan. Mrs Hill agreed to add this to the map of the Trust's governance groups.

**CHill**

The committee **noted** the update provided.

**22/074 Assurance and escalation reporting: Any other groups** (agenda item 16.4)

Mrs Woffendin informed the committee that the Safeguarding Group would not meeting until May 2022. She provided an update on the MAPPA inspection and the Ofstead inspection that was underway across children's services.

The committee **noted** the update provided.

**22/075 Cumulative escalations log – for information only** (agenda item 16.5)

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

**22/076 Any other business** (agenda item 17)

The committee did not discuss any areas of other business.

**22/077 Key messages and/or any matters to be escalated to the Board of Directors or Board sub-committees** (agenda item 18)

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 the ADHD Services Annual Quality Report. It was pleased to hear that, following a discussion at the quality committee meeting on 8 March 2022, non-recurrent funding had been granted for 2022/23 to increase clinical capacity. It acknowledged that this would support the service for one year but would not resolve the significant issues being faced by the service. It questioned whether anything could be done to improve resource for the service at a place level and agreed that a further conversation was required about the ongoing demand and capacity issues.

### **Issues to advise the Board on**

- No issues to advise the Board on.

### **Things on which the Board is to be assured**

- The committee received the Acute Services Annual Quality Report. It noted the vast amount of work carried out by the service during 2021/22, alongside responding to the pandemic. This included: the development of progression routes within the services; progress made with the Acute Care Excellence project; and the implementation of safe wards and safety huddles to reduce violence and aggression.

It was also informed that the services had been working with third sector partners through the peer support worker role, noting that the peer support workers had been acting as discharge co-ordinators to support service users to attend benefits and housing meetings. It was pleased to hear that these roles had proven to be successful and noted that a report was due to be produced on this. The committee asked that the Board receive an opportunity to review this report once it had been produced.

- The committee received an update from the Professions and Nursing Council which had its first meeting on 11 March 2022. It noted that the council had: agreed its terms of reference; agreed its cycle of business; agreed the priority areas for each professional group; and reviewed the Trust's Nursing Strategy and the progress made with the action plan.
- The committee reviewed the Clinical Audit Priority Plan 2022/23. It noted the individuals and governance groups that had been involved in the development of the plan and agreed that it was assured on the priority topics for 2022/23.
- The committee received the Patient Experience and Involvement Progress Report and was assured that despite the challenges faced over the last six months, the Trust had continued to effectively involve, engage and listen meaningfully to service users and carers whilst making progress on the priorities identified in the Patient and Carer Experience and Involvement Strategy. It noted that the three main achievements of the last six months had been: the introduction of the 'Have Your Say'

measure; the involvement of service users and carers in the development of a new clinical governance structure; and the work of the Service User Network (SUN).

- The committee received an update on the management of Covid-19 outbreaks across the Trust. It was assured 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 reviewed the results of the committee effectiveness questionnaire and was assured that it remained effective. It also reviewed and approved its annual report for 2021/22.

#### **Items to be referred to other Board sub-committees**

- Workforce Committee – Following a discussion on the Patient Experience and Involvement Progress Report, the committee agreed that the workforce committee should have a discussion around recruitment and career pathways for those with lived experience of using mental health and learning disability services.

**The next meeting of the Quality Committee will be held  
on Tuesday 10 May 2022 at 9.30am via Zoom**