

**Minutes of the Quality Committee – Part A
Tuesday 10 December 2019 at 9.30am
in Meeting Room 1&2 at Trust Headquarters**

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Miss Helen Grantham, Non-executive Director
Mrs Claire Holmes, Director for Organisational Development and Workforce
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Ms Louise Bergin, Clinical Lead for the Older People's Services (for agenda item 6)
Mr Stan Cutcliffe, Senior Nurse Infection Control (for agenda item 8)
Mr Adam Maher, Practice Learning and Development Team Manager (for agenda item 10)
Ms Samantha Marshall, Legal Services and Complaints Lead (for agenda item 9)
Miss Kerry McMann, Corporate Governance Team Leader (Committee Secretariat)
Mr Andrew McNichol, Workforce Information Manager (for agenda item 11)
Mr Tom Mullen, Clinical Director for Leeds Care Group (for agenda item 6)
Dr Sharon Nightingale, Director of Medical Education (for agenda item 10)
Ms Linda Rose, Head of Nursing (for agenda item 11)
Ms Nichola Sanderson, Deputy Director of Nursing (for agenda item 11)

Action

Welcome and Introduction

Professor (Prof) Baker welcomed everyone to the meeting.

19/161 Apologies for absence (agenda item 1)

Apologies were received from: Dr Claire Kenwood, Medical Director.

Apologies were also received from: Ms Nikki Cooper, Head of Performance; Mrs Cath Hill, Associate Director for Corporate Governance; and Ms Rebecca Le-Hair, Head of Quality and Clinical Governance; who are attendees of the Committee.

The Committee was quorate.

19/162 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.

19/163 Approval of the minutes of the Quality Committee meeting held on the 12 November 2019 (agenda item 3)

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 12 November 2019 were a true record.

19/164 Approval of the minutes of the Quality Committee meeting held on the 12 November 2019 to be uploaded onto the Trusts external website (agenda item 3.1)

The Committee **agreed** that the minutes of the Quality Committee meeting held on the 12 November 2019 were suitable to be uploaded to the Trust's external website.

19/165 Matters Arising (agenda item 4)

There were no matters arising.

19/166 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It noted the timescales allocated to the open actions and agreed a timescale for completion for those actions that did not have one allocated.

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

19/167 Older People's Service Annual Quality and Safety Report (agenda item 6)

Ms Bergin presented the Older People's Services (OPS) Annual Quality and Safety Report. She provided an overview of the service, the work that had been carried out in 2018/19 and plans for improvement in the future. She outlined the main challenges faced by the service.

The Committee discussed staffing levels and the challenges that the OPS had faced in recruiting qualified nurses. The Committee noted that the Service was frequently reliant on bank staff and agency staff and discussed the regularity of this. It was concerned that the staffing challenges faced may have had an impact on the wellbeing of staff across the Service. Mrs Holmes suggested that Ms Emma Molyneux, Health and Wellbeing Manager, visit those wards. The Committee discussed the retention rates for staff in the Service.

EM

The Committee next explored the Service Development Plan, which outlined that an Implementation Lead Role would be appointed. The Committee discussed this role. It acknowledged that the Trust's ongoing safer staffing work would be discussed later in the meeting. It expressed concern that the two pieces of work had not been aligned.

The Committee discussed the new process that had been introduced for implementing NICE guidance. It questioned the reasons behind not pursuing accreditation under the Royal College of Psychiatry's Quality Network for Older Adults Mental Health Services. Ms Bergin informed the Committee that the decision had been made by the Inpatient Leadership Team as it was felt that staffing pressures were an obstacle for the OPS to be able to embrace and embed the process. She added that the OPS were exploring the options of becoming a 'developmental member' of the network.

The Committee noted that the acute dementia wards were not involved in the ongoing Acute Care Excellence work in the Trust. It asked Ms Bergin to consider whether the OPS should be involved in the Acute Care Excellence work at this stage and whether it would fit in the Service Development Plan. The Committee asked that the next report contain more detail on outcome measures.

LB

The Committee **received** the Older People's Services Annual Quality and Safety Report. It **noted** the ongoing pressures faced by the OPS. The Committee **discussed** the Service Development Plan which outlined additional staffing required within the Service; it **agreed** that those staffing plans should be connected to the ongoing Safer Staffing work in the Trust.

Mr Mullen and Ms Bergin left the meeting. Mr Cutcliffe joined the meeting.

19/168 Infection Prevention and Control of Medical Devices Six Monthly Report
(agenda item 8)

Mr Cutcliffe presented the Infection Prevention and Control of Medical Devices Six Monthly Report. He informed the Committee that the uptake of the flu jab had reached 71% since the report had been written. He provided an update on flu outbreaks across the wards and the containment of this. The Committee questioned what was in place to try and prevent visitors from entering the wards and spreading infections. It agreed that there was a need for signs on each ward, specifically targeted at visitors, to prevent the spread of infections. Mr Cutcliffe agreed to arrange this.

SC

The Committee considered how the layouts of wards could assist in infection control; it questioned whether the Infection Prevention Team was involved in the designs of new wards. Mr Cutcliffe confirmed that his team had been involved in the development of the new CAMHS unit.

The Committee **received** the Infection Prevention and Control of Medical Devices Six Monthly Report and **noted** the content.

Mr Cutcliffe left the meeting. Ms Marshall joined the meeting.

19/169 Combined Complaints, Concerns, PALS, Compliments and Patient Safety Quarterly Report (agenda item 9)

Ms Marshall presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Quarterly Report. She informed the Committee that the PALS Team were now able to triage complaints and that this had allowed many to be resolved quicker than if they were submitted as a formal complaint.

The Committee discussed self-harm; it noted that self-harm remained as the highest reported incident type. It recalled an action for Dr Kenwood, which was to collate and explore the positive practice from the different case studies around self-harm; specifically the correlation between young women and suicide. Prof Baker agreed to pick this up with Dr Kenwood.

JB

The Committee **received** the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Quarterly Report and **noted** the content.

Ms Marshall and Ms Holmes left the meeting.

Mr McNichol, Ms Rose and Ms Sanderson joined the meeting.

19/170 Six Month Mental Health Optimal Staffing Tool data analysis (agenda item 11)

Mr McNichol presented the report. He outlined how the Mental Health Optimal Staffing Tool (MHOST) worked and explained that the report contained the outcomes for ten wards across the Trust where sufficient data had been collected and processed using the MHOST. The Committee noted that the findings of the tool would assist in discussions with commissioners in relation to the Trust's current baseline budget costs versus the required costs based on acuity and demand using the evidence based tool.

The Committee noted the headroom applied and that it could be increased if required. The Committee agreed that it would support a proposal for the headroom to be increased to be aspirational, but acknowledged that the financial impacts of this would need to be taken into consideration beforehand. The Committee next discussed the level of involvement and engagement with staff members whilst this work was carried out. Ms Sanderson informed the Committee that ward managers and deputy ward managers had been consulted. The Committee noted that the recommendations were from the findings of the tool but also took into consideration the views of staff.

The Committee recalled a discussion earlier in the meeting around the staffing levels within the Older People's Services. It discussed the relevance and accuracy of the MHOST in relation to physical health within the Older People's Services. The Committee explored other options; it considered whether the physical health tool should be used for the Older People's Inpatient Dementia wards.

AM

The Committee welcomed the findings from the MHOST. The Committee asked

that one ward be run on a median score instead of an average to identify any differences. It discussed creativity in relation to the findings and explored alternative options, for example, using Pharmacy Technicians to administer medicines. It was noted that the findings were to be reviewed by the Clinical Cabinet, and then presented to the Contracts and Management Board, which may assist in adding creativity. The Committee agreed that the first phase of this work was to agree the model for the Trusts inpatient settings with the commissioners. It was agreed that following this, the physical health tool should be used for the Older People's Inpatient Dementia wards.

LR/NS/
AM

The Committee **received** the report and **discussed** the findings. It **considered** and **supported** the additional staffing requirements for those ten wards as evidenced by the MHOST. It was **agreed** that the physical health tool should be used for the Older People's Inpatient Dementia wards.

Mr McNichol, Ms Rose and Ms Sanderson left the meeting.
Mr Maher and Dr Nightingale joined the meeting.

19/171 Feedback and experiences from placement students (agenda item 10)

Mr Maher presented a report which captured the feedback and experiences from placement students. The Committee noted the content of the report. It asked about the escalation process that would be followed if a student was to report a negative experience whilst on placement with the Trust. Mr Maher explained that students provide feedback on their learning experiences on a platform named PARE. He outlined that if negative feedback was received it would first be discussed with the clinical environment and, if necessary, it would be escalated to the Health and Care Professions Council and an action plan for improvement would be created. The Committee noted that students are able to access the Trust's Freedom To Speak Up Guardian whilst on placement.

The Committee **welcomed** the feedback and experiences from placement students. The Committee **agreed** that it would be useful if future reports could include the comments provided by placement students.

19/172 Combined Quality and Workforce Performance Report (agenda item 12)

The Committee **received** the Combined Quality and Workforce Performance Report. It **noted** that the band five nursing vacancies excluded those nursing posts working in corporate/development roles. The Committee **acknowledged** the improvements with data around safety.

19/173 Overnight accommodation arrangements for service users' relatives visiting from distance (agenda item 13)

Mrs Forster Adams presented a position paper regarding overnight accommodation arrangements for service users' relatives visiting from distance. The Committee noted the Trusts current practice around this as outlined in the paper. Mrs Forster Adams informed the Committee of a pilot arrangement, with dedicated funding, to test the demand and resource for these arrangements. She confirmed that the Trustwide Clinical Governance Group would have oversight of the pilot.

The Committee suggested working with Third Sector partners to provide accommodation. Mrs Forster Adams informed the Committee that accommodation provision would be explored at the quarterly LYPFT/Third Sector Partnership Forum meeting in January 2020.

The Committee **noted** the updates provided. It **agreed** that there was a need for a consistent approach to accommodation provision across the Trust.

19/174 Assurance and Escalation Reporting (agenda item 16)

Mrs Woffendin informed the Committee of a joint audit that would be carried out between the Trust and Leeds Teaching Hospitals Trust. She confirmed that the findings would be presented to the Audit Committee.

The Committee noted that from January 2020 any escalations made from the Trustwide Clinical Governance Group would be provided in writing, using the Trust's chairs report template. It was agreed that this should be the case for other Groups; including the Safeguarding Committee and the Infection Prevention, Control and Medical Devices Group.

The Committee **noted** the updates provided.

19/175 Key Messages and/or any Matters to be escalated to the Board of Directors (agenda item 17)

The Committee **agreed** that to make the following escalations to the Board of Directors:

- The considerable and sustained pressure faced by the Older People's Inpatient Services, the discussions around the quality improvement work the Services could undertake, and how this could be provided.

19/176 Any Other Business (agenda item 18)

The Committee **agreed** that there was no other business.

