

**Minutes of the Quality Committee – Part A**  
**Tuesday 10 March 2020 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 of Organisational Development and Workforce  
 Dr Claire Kenwood, Medical Director  
 Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

**In attendance:** Ms Judith Barnes, Operational Manager for CRISS (for item 6)  
 Mrs Sharron Blackburn, Deputy Head of Internal Audit, NHS Audit Yorkshire (for item 7)  
 Mr Alan Boyer, Clinical Team Manager for CRISS (for item 6)  
 Ms Nikki Cooper, Head of Performance & Informatics  
 Mrs Maureen Cushley, Head of Operations for Acute Services (for item 6)  
 Ms Lesley Geary, Psychological Therapist for CRISS (for item 6)  
 Mr Fabrizio Girolomini, Senior Clinical Audit Facilitator (for item 9)  
 Ms Rebecca Le-Hair, Head of Quality and Clinical Governance  
 Ms Samantha Marshall, Complaints and Legal Services Lead (for item 8)  
 Ms Kerry McMann, Corporate Governance Team Leader (committee secretariat)  
 Mr Tom Mullen, Clinical Director (for item 6)  
 Dr Lackson Mzizi, Consultant Psychiatrist (for item 6)  
 Mr Saeideh Saeidi, Head of Clinical Effectiveness (for items 9 and 10)  
 Ms Michelle Woodridge, Clinical Team Manager for CRISS (for item 6)

		<b>Action</b>
	<p><b>Welcome and Introduction</b></p> <p>Professor (Prof) Baker welcomed everyone to the meeting.</p>	
<b>20/031</b>	<p><b>Apologies for absence</b> (agenda item 1)</p> <p>No apologies were received from members of the Committee.</p> <p>Apologies were received from Mrs Cath Hill, Associate Director for Corporate Governance who is an attendee of the Committee.</p> <p style="background-color: #cccccc;">The Committee was quorate.</p>	
<b>20/032</b>	<p><b>Declaration of any conflict of interest in respect of agenda items</b> (agenda item 2)</p> <p style="background-color: #cccccc;">No one present declared a conflict of interest in respect of agenda items.</p>	

**20/033 Approval of the minutes of the Quality Committee meeting held on the 11 February 2020** (agenda item 3)

The minutes of the Quality Committee meeting held on the 11 February 2020 were **agreed** as a true record.

**20/034 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 February 2020 were suitable to be uploaded to the Trust's external website.

**20/035 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.

**20/036 Cumulative Action Log** (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It discussed the response that had been received via email for action log number 20/024, which was for Mrs Marshall to provide further data to show a comparison of the outcomes of complaints in 2017 against the outcomes of complaints in 2019. The Committee acknowledged that the number of complaints upheld or partly upheld was higher in 2019 than in 2017. It asked for further information on this to be provided in the next Combined Complaints, Concerns, PALS, Compliments and Patient Safety Quarterly Report.

**RL-H / SM**

The Committee next discussed the response received via email for action log number 20/026, which was for further information to be provided to explain the increase in the number of restraints in November 2019 and December 2019. The Committee acknowledged that it would receive a 12 month update on the Positive and Safe Action Plan in May 2020 and asked for the additional information to be included in the report to allow for discussion.

**LR / EO-F**

The Committee agreed that responses to actions should not be circulated via email, but should be presented to the Committee as sub-items of the cumulative action log, so they can be discussed in the meeting.

The Committee asked for a timescale for the completion of action log number 19/167a, which was for Ms Bergin to consider whether the Older Peoples Services should be involved in the Acute Care Excellence work. Mrs Forster Adams confirmed that she would be able to provide an update at the April Committee meeting. Dr Kenwood drew the Committees attention to log number 20/010a, for a report on the impact of serious incident actions to be presented

to the Committee in October 2020. It was agreed that a proof of concept for this work would be presented in July 2020.

CK

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

**20/037 Crisis Resolution Intensive Support Service Annual Quality and Safety Report** (agenda item 6)

Mr Mullen presented the Crisis Resolution Intensive Support Service Annual Quality and Safety Report (CRISS). He explained that the CRISS was established as part of the Community Redesign Project and that it had been made up of four teams from the Intensive Community Support Service. He outlined that the vision in bringing the teams together was to respond quickly to people in a mental health crisis and to support, treat and manage the individual as far as possible in their own home until the crisis was resolved and the individual received ongoing care.

The Committee discussed the wellbeing of staff after the significant changes that had been made to the Service. Ms Barnes explained that the four teams merging into one team had required a change in culture. She outlined the work that had gone into strengthening the systems and processes used, to allow for the teams to come together. She confirmed that the health and wellbeing of staff had been a priority area for the CRISS. Ms Barnes informed the Committee that feedback from staff had been considered and that this had led to changes in the way the team works. She explained that this feedback had been collected at team meetings, weekly reflective forums and time out sessions. The Committee discussed the learning that could be taken from the Service and its transition, regarding the changing of staff behaviours. Mrs Holmes informed the Committee of ongoing work to create a support package for staff members that go through change in the workplace. Mrs Holmes expressed an interest in meeting with the CRISS Leadership Team to hear about their learning and experiences. It was noted that this would be presented to a future Workforce Committee meeting.

CH

The Committee questioned how the changes made to the Service had impacted the quality of care provided by the CRISS. Ms Barnes explained that the pathway into intensive support had been made clearer. Mr Boyer explained that since the co-ordinators had all been based at the same site, it had been much easier to provide a timely response to service users about their care plans. He added that face to face handovers of cases were now possible and that this was extremely helpful. The Committee went on to discuss data quality. The Committee was informed that there had been issues when reporting data on PARIS. Ms Barnes confirmed that the CRISS Leadership Team had been working with Ms Cooper to decide what key measures were needed for the Service and Mr Boyer confirmed that staff members were receiving training on reporting so that they understood how the data inputted into the system affected the performance measures.

The Committee acknowledged that one of the objectives of the Service for 2020/21 was to be delivering in line with best practice standards as described in the CORE fidelity criteria; it questioned whether any further support was

required. Ms Cushley confirmed that this was a shared goal for all members of staff in the Service and informed the Committee of plans to work with other Trusts to form a peer review system. Ms Barnes explained that a difficult area to achieve was around the Service's gatekeeping responsibilities and the Services connections with other parts of the system. She went on to explain that the CRISS was working with other wards collaboratively to facilitate early discharges. Dr Kenwood suggested of a number of evidence based models for good practice on teams working together collaboratively, both in team and between teams.

The Committee acknowledged the pressurised environment of the Service and the impact that this could have on staff; it questioned what further support could be offered. Ms Geary explained that the support that was currently offered by the Trust was sometimes difficult to access due to location, time and resource pressures. She added that more psychological resource would also be helpful. The Committee discussed the progress made with the development of a Crisis House. It suggested that the next annual report could contain measures on access, consistency and outcomes.

The Committee **received** the Crisis Resolution Intensive Support Service Annual Quality and Safety Report. It **acknowledged** the hard work and efforts that had gone into the development of the Service since March 2019 and **discussed** the quality of the service provided. It also **discussed** some of the areas that had been of key focus for the Service in 2019/20, including staff health and wellbeing.

Ms Cushley, Ms Barnes, Dr Mzizi and Ms Woodridge left the meeting. Mrs Marshall joined the meeting.

**20/038 First draft of the Quality Report and Account (agenda item 8)**

Ms Le-Hair introduced the Draft Quality Account papers. The Committee noted that this included a quarter three position on the 2019/20 Quality Improvement Priorities (QIPs) and actions; the 2020/21 QIPs; and the draft Quality Report and Account. The Committee acknowledged the improvements that had been made to the report and welcomed the engagement and consultation that had taken place on this area of work.

The Committee discussed whether the Quality Report appropriately reflected the Trust's key priority areas including the Trust's approach out of area placements and the Trust's work around learning disabilities. It agreed that this could be emphasised in the report. It acknowledged that the Report contained updates on the Trust's Nursing Strategy and the Allied Health Professionals Strategy. It agreed that a reference should be added to the Report about the Medical Strategy that was being developed.

**SM**

**SM**

The Committee next discussed the progress made against the Trust Quality Improvement Priorities (QIPs); it noted that these were marked as 'achieved' or 'on track to be achieved'. It agreed that, where possible, narrative should be added to outline the positive impacts that had been made for service users and carers as a result of achieving the QIP's. The Committee noted that it would review the final draft Quality Report at its meeting on the 12 May 2020.

**SM**

The Committee **received** the draft Quality Account papers and **discussed** the content. It **welcomed** the developmental work and the engagement and consultation that had taken place on this area of work.

Mrs Marshall left the meeting. Mrs Blackburn and Dr Saeidi joined the meeting.

**20/039 Draft Strategic Internal Audit Plan for 2020/21, 2021/22 and 2022/23**  
(agenda item 7)

Mrs Blackburn presented the Draft Strategic Internal Audit Plan for 2020/21, 2021/22 and 2022/23. She outlined the process followed for the consultation and the approval of the three year plan. The Committee reviewed the draft plan and the proposed audit topics. It discussed the balance of the number of audits carried out in each area across the Trust. The Committee noted that the plan was a flexible document and that it would be reviewed again before 2021/22 and 2022/23. It also noted that a number of audit days were reserved for any urgent requests.

The Committee considered whether access to services for individuals from black and minority ethnic (BME) backgrounds should be an audit topic. Dr Kenwood informed the Committee of ongoing work that was being carried out around access for BME and it was agreed that work on this should be completed before an internal audit could be carried out. The Committee suggested that another audit topic could be incident data reporting. It agreed that the plan should be aligned to the Trust's strategic organisational priorities. It was noted that the draft plan would be discussed at the Executive Team Management meeting on Tuesday 17 March 2020.

The Committee **reviewed** the Draft Strategic Internal Audit Plan for 2020/21, 2021/22 and 2022/23. It was **assured** on the proposed audit topics from a quality and safety perspective and **suggested** additional audit topics.

**20/040 Clinical Audit Priorities Plan** (agenda item 10)

Dr Saeidi presented the Clinical Audit Priority Plan for 2020/21. She explained that the plan was based on the 'must do' activity within the Trust and reflected both national and local priorities. The Committee discussed the reasons for the delay in the clinical audits that had been carried forward from 2018/19. Dr Saeidi explained that this was due to delays in national reports being released.

The Committee questioned how the findings from clinical audits had led to learning across the organisation. Dr Saeidi explained that working groups had been created as a result of some clinical audit findings. Dr Kenwood reminded the Committee of the ongoing work around the strength of serious incident actions and explained that the findings from that piece of work would also link into the clinical audit action plans.

The Committee **reviewed** the content of the Clinical Audit Priority Plan and **noted** the proposed audit topics.

Mrs Blackburn and Mr Mullen left the meeting. Mr Girolomini joined the meeting

**20/041 Update on suicide prevention and self-harm** (agenda item 9)

Dr Saeidi and Mr Girolomini presented a report which outlined the progress made against the Trust's suicide prevention plan, and an overview of self-harm across the Trust and how this was currently being managed. The Committee noted the content of the report.

The Committee acknowledged that there was not a consistent Trustwide approach to the management of self-harm and expressed concern about this. Dr Kenwood confirmed that individual services currently had an approach that was based on their service requirements. She confirmed that work had begun to create overarching Trustwide principles that could be interpreted based on service requirements, which would take into consideration the learning from the current approaches used by individual services. The Committee agreed that the management of self-harm was a priority area and asked that an update be provided on this work when appropriate.

**CK**

The Committee noted the number of incidents that had occurred at Parkside Lodge. It acknowledged that the changes to Trust estates could be disruptive for service users and could have an impact on the number of self-harm incidents that take place. The Committee agreed that where changes were made to services including changes to estates or staffing, the impact on quality and safety from a service user perspective should be considered. Mrs Forster Adams agreed to feedback to the Committee on how the Trust would approach this.

**JFA**

The Committee went on to discuss the progress made against the Trust's Suicide Prevention Plan. It discussed the progress made and agreed that it was assured on this.

The Committee **received** an update on the progress made against the Trusts Suicide Prevention Plan and was **assured** on this work. It **discussed** the findings from a review of the management of self-harm across the Trust and **agreed** that a further update should be provided on this area of work.

Dr Saeidi, Mr Girolomini and Ms Geary left the meeting.

**20/042 Learning from Deaths Quarterly Report** (agenda item 11)

Dr Kenwood presented the Learning from Deaths Quarterly Report. The Committee reviewed the information provided. Dr Kenwood informed the Committee of the positive results that had been received from a structured judgement review on learning disabilities death. She informed the Committee that this would be discussed in detail at the Board of Directors meeting on the 26 March 2020.

The Committee **received** the Learning from Deaths Quarterly Report and **reviewed** the content. It was **assured** on the ongoing work within the Trust to improve mortality review and the learning across the organisation.

**20/043 Combined Quality and Workforce Performance Report** (agenda item 12)

Mrs Woffendin presented the Combined Quality and Workforce Performance Report (CQPR). The Committee drew attention to the increase in the number of falls recorded between December 2019 and January 2020. Mrs Woffendin provided further information on the reasons for this and confirmed that the majority of the falls were categorised as low or no harm falls. The Committee discussed this.

Ms Cooper provided an update on the progress made in exploring how equitable could be covered on the quality dashboard. She explained that a pilot had been carried out for the Perinatal Service and went on to outline the findings. The Committee discussed the results. It agreed that the template used by services for their Annual Quality and Safety Report should contain a section on access and ethnicity.

**JFA**

The Committee agreed that following the implementation of CareDirector, a review of the quality dashboard should take place. It acknowledged that the implementation of CareDirector would take at least six months.

**NC**

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

**20/044 Impact of CareDirector implementation on Reporting** (agenda item 13)

The Committee **noted** the content of the paper and **agreed** that the implementation of CareDirector across the Trust's services should be prioritised. Miss Grantham, Chair of the Workforce Committee, also **supported** the approach being undertaken.

**20/045 Assurance and escalation reporting** (agenda item 14)

**See confidential annex for more information.**

**20/046 Cumulative escalations log** (agenda item 14.1)

The Committee **reviewed** the cumulative escalations log. It was **agreed** that a similar log should be created for the Workforce Committee.

**KM**

**20/047 Key messages and/or any matters to be escalated to the Board of Directors** (agenda item 15)

Prof Baker **noted** that he would be raising the following points to the next Board of Directors meeting:

- that the Committee had received and discussed both the draft Strategic Internal Audit Plan and the Clinical Audit Priorities Plan and was assured on the proposed audit topics
- the update the Committee had received on the management of self-harm across the Trust
- the update received on the Trust's response to Covid-19

**20/048 Any other business** (agenda item 16)

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