

Minutes of the Quality Committee – Part A
Thursday 11 May 2023 at 9.30am
Held via Teams

Present:

Dr Frances Healey, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Miss Helen Grantham, Non-executive Director
Dr Chris Hosker, Medical Director
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance:

Ms Miriam Blackburn, Quality and Patient Safety Lead (for item 11)
Ms Rose Cooper, Corporate Governance Officer
Mr Fabrizio Girolomini, Senior Improvement Manager (for item 8)
Dr Eli Joubert, Clinical Director (for item 12)
Ms Samantha Marshall, Quality & Patient Safety Lead (for item 10)
Mr Waseem Munir, Head of Clinical Governance and Quality
Dr Sara Munro, Chief Executive Officer
Ms Alison Quarry, Professional Lead for Nursing (for item 9)
Ms Nichola Sanderson, Deputy Director of Nursing
Ms Holly Tetley, Associate Director of Employment
Ms Louisa Weeks, Patient and Carer Experience and Involvement Lead (for item 7)

Action

Welcome and Introduction

Dr Healey welcomed everyone to the meeting. She acknowledged that this was the last Quality Committee meeting that Mrs Woffendin would attend due to her taking early retirement at the end of May 2023. The committee thanked Mrs Woffendin for all her hard work and dedication as Director of Nursing, Quality and Professions.

23/068 Apologies for absence (agenda item 1)

Apologies were received from Mr Darren Skinner, Director of People and Organisational Development, who is a member of the committee. It was noted that Ms Tetley was in attendance to deputise for Mr Skinner.

Apologies were also received from: Mrs Cath Hill, Associate Director for Corporate Governance; 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.

23/069 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.

23/070 Approval of the minutes of the Quality Committee meeting held on the 16 March 2023 (agenda item 3)

The minutes of the quality committee meeting held on the 16 March 2023 were **agreed** as a true record.

23/071 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 16 March 2023 were suitable to be uploaded to the Trust's external website.

23/072 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.

23/073 Board Assurance Framework: SR1 and SR2 – for information only (agenda item 5)

The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two. Miss Grantham suggested that the development of individual service plans could be added as a control for strategic risk two. She also queried whether the Trust's capacity to make improvements should be included as a contributory risk. Dr Hosker noted the suggestions made.

The committee **reviewed** an extract from the Board Assurance Framework which detailed strategic risks one and two. It was **assured** that both risks were being adequately controlled.

23/074 Hot topics / urgent issues update (agenda item 6)

Dr Hosker informed the committee that one of the Trust's Consultant Psychiatrists, Dr Mike Smith, would be featuring on a BBC Panorama episode that would be aired on 15 May 2023, focusing on private ADHD clinics.

The committee **noted** the update provided.

Ms Weeks joined the meeting.

23/075 Patient Experience and Involvement Progress Report (agenda item 7)

Ms Weeks provided an update on the progress made against the Patient and Carer Experience and Involvement Strategy, which launched in March 2020. She outlined the work that had been carried out during 2022/23. She provided an update on the use of the 'Have Your Say' feedback measure, explaining that a Have Your Say Feedback Group had been established to review the feedback provided. She also informed the committee of an internal audit that had taken place in 2022 on the implementation of the Patient and Carer Experience and Involvement Strategy, noting that this had received an opinion of high assurance.

The committee received reassurance that the Trust's Annual Members' Meeting and NHS75 celebration event was being co-produced with service users. Miss Grantham noted the importance of senior leaders across the Trust promoting co-production, suggesting that the importance of service user and carer involvement could be captured within the Trust's management development training offer. Mrs Forster Adams reassured the committee that the importance of co-production was emphasised within the Care Services Strategic Plan. Dr Hosker added that the Patient Experience Team had been involved in the development of the future quality dashboard. The committee suggested that a section could be added to the Annual Quality Report template to encourage services to report on the feedback received from the Have Your Say measure.

Dr Healey noted that the Patient and Carer Experience and Involvement Strategy had been extended to April 2024, and suggested that the document available on the website and/or the webpage where it is found should be updated to reflect this. She also encouraged Ms Weeks to contact the Trust's Research and Development Team, noting that some of the Patient Experience Teams projects had the potential to become research projects.

The committee was pleased to hear that three individuals with lived experience had been nominated as the co-chairs to the Patient Experience and Involvement Strategic Steering Group and its subgroups. It agreed that it was assured on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers. The committee thanked Ms Weeks for the update and thanked the Team for its work.

The committee **received** an update on the progress made against the Patient and Carer Experience and Involvement Strategy, which launched in March 2020. It was **assured** on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers.

Ms Weeks left the meeting.
Mr Girolomini joined the meeting.

23/076 Clinical Audit Priority Plan 2023/24 (agenda item 8)

Mr Girolomini presented the Clinical Audit Priority Plan for 2023/24. The committee reviewed the plan and noted the individuals and governance groups that had been involved in the development of the plan.

The committee noted that some individuals were listed as the leads for many of the planned clinical audits and queried whether these individuals would have the capacity for this. Mr Girolomini clarified that the leads listed on the plan were the service leads who would co-ordinate the response from their service, not the people who would lead the audit, noting that he would add job titles to the plan.

The committee was assured on the priority topics for 2023/24. It acknowledged that other areas may become higher in priority throughout the year and sought assurance that there would be capacity to add more audit topics if needed. Mr Girolomini advised that the Clinical Audit Priority Plan was a live document and could therefore be adapted. He added that he attended the services clinical governance meetings to ensure any new priority areas were added to the plan if needed.

The committee **approved** the Clinical Audit Priority Plan and was **assured** on the priority topics for 2023/24.

Mr Girolomini left the meeting.
Ms Quarry and Ms Marshall joined the meeting.

23/077

Update summarising the findings of the NICHE investigation into Tees, Esk and Wears Valley (TEWV) NHS Foundation Trust's Children's and Young People Mental Health Inpatient Services (CYPMHS) and current recommendations for providers (agenda item 9)

Ms Quarry summarised the findings of an independent investigation into the governance at West Lane Hospital, Middlesbrough, between 2017 and 2019. She went on to outline that NHS England had set out an improvement plan and had asked lead providers to review each of the recommendations within the report and provide updates at specified regular intervals. Ms Quarry confirmed that she had begun to develop the Trust's improvement plan with Red Kite View and the West Yorkshire CYPMHS Provider Collaborative.

The committee reviewed the report and discussed the findings. It noted that the findings of the report had much wider relevance than to CYPMHS alone, and that there was learning in the report related to the operation of Quality Committees. It acknowledged the references to self-harm within the report and noted the work ongoing to review whether the Trust should develop a self-harm strategy. Ms Sanderson informed the committee of other work being undertaken to review the Trust's self-harm data in detail. Dr Healey noted that the committee did not currently receive data around how many self-harm incidents related to ligatures or how much restrictive practice related to prone restraint. Ms Sanderson agreed to look into whether this could be provided. Mrs Woffendin reassured the committee that prone restraint was only used by exception. The committee also asked Ms Sanderson to review whether the use of nasogastric tube feeding was on an appropriate risk register and if not, to consider whether it should be.

NS

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The committee noted the number of different reports and action plans that were applicable to the Trust's CYPMHS and acknowledged the additional support that would be needed to support the services in consolidating the actions and recommendations. Ms Sanderson informed the committee that she would be

meeting with Dr Gopi Narayan, Clinical Director for CYPHMS, on 18 May 2023 where all relevant actions and recommendations could be reviewed. The committee requested assurance on the processes in place for capturing patient voices, specifically from younger people. It suggested that the Patient Experience Team review its schedule for site visits to Mill Lodge and Red Kite View and if planned visits were not imminent consider whether they should be brought forward.

NS

The committee agreed that it would be beneficial for the Board of Directors to hold a strategic discussion to consider how the Trust could strengthen its systems for detecting and avoiding those issues raised by this report and other recent reports. It suggested that this session also focused on 'ward to board' and what it means to be a well led organisation. It noted that there had been an offer from colleagues at TEWV to share their reflections on the situation and suggested that this could also take place as part of the strategic discussion. Dr Healey agreed to raise this in her chairs report to the Board of Directors.

The committee also agreed that the NICHE report should be shared with:

- Clinical directors
- Reducing Restrictive Practice Group
- Associate Director for Corporate Governance
- Mental Health Legislation Committee
- Trustwide Safeguarding Committee

CHos
NS
KM

The committee **reviewed** the findings from the NICHE investigation into TEWV Foundation Trust's CYPMHS. It **noted** the recommendations for providers and was **reassured** on the development of the Trust's Improvement Plan. The committee **agreed** that a Board of Directors strategic discussion should be held on this.

Dr Joubert joined the meeting.

23/078

Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q4 Report (agenda item 10)

Mrs Marshall presented a report which provided data from quarter four (Q4) for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. She outlined that the most reported type of incident in Q4 was self-harm, explaining that of the 604 incidents of self-harm, 94% involved female service users. She added that the Trustwide Clinical Governance Group had a detailed discussion about this at its meeting on 4 May 2023, with a number of actions agreed. The committee noted the update provided and discussed issues related to its champion roles.

The committee was pleased to hear training that would be rolled out from June 2023 to assist staff in preparing for an inquest. Dr Healey noted the information provided about duty of candour relating to IG breaches and queried whether this data was shared with the Finance and Performance Committee. Mrs Marshall reassured the committee that it was reported via the quarterly chairs report from the Information Governance Group.

The committee noted that the Trust would soon begin reporting patient safety incidents via NHS England's new combined reporting system, Learning from Patient Safety Events (LFPSE). It acknowledged that this would impact the data received by the committee and asked Ms Marshall to prepare a briefing and present this at a future committee meeting. It was agreed that this briefing should also report on how the implementation of the Patient Safety Incident Response Framework (PSIRF) would impact the data received by the committee.

The committee thanked Mrs Marshall for the report. It agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.

The committee **received** a report which provided data from Q4 for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It **agreed** that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.

Ms Marshall left the meeting.
Ms Blackburn joined the meeting.

23/079 **Final Quality Report and Account** (agenda item 11)

Ms Blackburn presented the Quality Account. She confirmed that the feedback provided at the March 2023 Quality Committee meeting had been incorporated into the document. She added that the report had been shared with Healthwatch and the West Yorkshire Integrated Care Board.

The committee reviewed the Quality Account and made a number of suggestions for further improvements, which included:

- Ensuring the introductions of the People Plan section and the Allied Health Professionals section reference staffing pressures;
- Adding information about access to services and the acknowledgement of the Trust's waiting lists;
- Reducing the detail on past QIP processes and focusing on the meaning of the QIP achievements;
- Reducing quarterly staging of future QIPs and focusing on what we expect to achieve by the end of next year
- The addition of CQUIN data and narrative;
- Cross-checking the data presented in the Learning from Deaths section with the data provided in other sections;
- A number of sections which could be shortened to ensure the focus of the report was quality.

The committee acknowledged the efforts that had gone into the production of the Quality Account, despite challenges such as industrial action and business continuity, and thanked those involved. It agreed to approve the Quality Account, subject to the amendments listed above. It noted that a report would be made to the Audit Committee on 19 June to provide assurance on the process undertaken

to develop the Quality Report, with the Board of Directors having final sign off on 22 June 2023.

The committee agreed that it would be helpful to have a discussion on the content of the 2023/24 Quality Account earlier than it had done in previous years. It was agreed this would be added to the committee's cycle of business. Ms Blackburn reminded the committee that a suggestion had previously been made for the Quality Account to be aligned with the safe, timely, effective, efficient, equitable and patient-centred care (STEEEP) model. The committee discussed this suggestion and acknowledged the difficulty of this task.

KM

The committee **reviewed** and **approved** the Quality Account, subject to a number of amendments.

23/080 CQUIN Update Report (agenda item 12)

Dr Joubert reminded committee members that all of the Trust's work relating to the CQUIN scheme had been stood down between March 2022 and summer 2022 due to the Covid-19 pandemic. He went on to present a report which provided a summary of the work undertaken since summer 2022. The committee had a discussion about the prioritisation of CQUIN work and the recommendation made in the report that dedicated staff should be appointed, particularly for the outcome data collection CQUIN. The committee noted that outcome data is an important part of the trust's overall strategic approach to quality as well as being a CQUIN. Dr Healey queried when the committee would receive an update on the 2023/24 CQUINs. It was agreed that a further discussion would take place at a Trustwide Clinical Governance Group meeting and then an update would be provided to the committee.

CHos

The committee **discussed** a report which provided a summary of the work undertaken since summer 2022 in relation to the CQUIN scheme.

23/081 Cumulative action log (agenda item 13)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee discussed action 23/033a, which related to benchmarking data on registered nurse vacancies. It noted the update provided and agreed that this action should be discussed further by the Workforce Committee.

The committee next discussed action 23/024, which related to a base line audit aligned to the therapeutic engagement and observation policy. Ms Sanderson provided an update on the scope of this audit and agreed to provide a further update once the audit had been completed.

The committee noted the update provided for action 22/173a, which related to the escalation process for the use of mechanical restraints. It noted that long-term segregation would be reported to the committee in its private meetings. The committee noted that it already received data on the number of seclusions lasting more than 24 hours via the Combined Quality and Workforce Performance

Report (CQPR) once such seclusions had ended. Mrs Woffendin agreed to provide additional information on these cases to support the CQPR. It was agreed that a practical definition was required for when seclusion became so prolonged that the committee should be informed, including when care shifted to long-term segregation. It was also agreed that a list should be created to specify the types of issues that the committee should have oversight of in its private meetings, which included exceptional types/durations of restrictive practice but also other issues.

**NS /
CHos**

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

23/082 Combined Quality and Workforce Performance Report (agenda item 14)

The committee reviewed the Combined Quality and Workforce Performance Report. It noted the high number of vacancies, acknowledging the detailed discussion that had taken place on this at the Board of Directors session on 29 April 2023.

Mrs Woffendin drew the committee's attention to the data around falls and pressure ulcers. The committee noted the additional narrative that had been provided for these areas. Mrs Woffendin next provided an update on the number of ended seclusion incidents lasting 24+ hours. She explained that the data within the report was incorrect and clarified that there had only been six incidents, going on to provide further details on the duration of these seclusion incidents.

The committee next discussed the percentage of complaints allocated to an investigator within three working days. It queried whether this indicator was appropriate or whether it should be changed. Mrs Woffendin agreed to discuss this with the Complaints Team and, if the timescale of three working days was appropriate, agree how the Trust could improve in meeting this target.

CW/NS

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

23/083 Non-executive Director Visits Quarterly Report – for information only (agenda item 15)

The committee noted the information provided on the feedback forms from learning and leadership visits. It queried whether there was a process for logging the issues identified during service visits and ensuring these issues were responded to. It was agreed that Mrs Hill should look into this. A suggestion was made for executive directors to respond to the service within one month of receiving the feedback form.

CHill

The committee **noted** the information provided on the feedback forms from learning and leadership visits.

23/084 Quality Committee Annual Report 2022-23 (agenda item 16)

Dr Healey presented the Quality Committee Annual Report for 2022-23. The committee reviewed and approved its annual report. Mrs Woffendin drew attention to the number of pages in the report, noting that an agreement had been made for reports to be no more than 12 pages long. Dr Healey agreed with the point made. The committee queried whether the template for the annual report (which is used by all committees) should be reviewed and agreed to raise this to the Board of Directors at its meeting on 25 May 2023.

The committee **reviewed** and **approved** its annual report for 2022-23.

23/085 Assurance and escalation reporting: Trustwide Clinical Governance Group, including any updates the development of the new quality dashboard (agenda item 17.1)

Dr Hosker confirmed that there were no issues to escalate from the Trustwide Clinical Governance Group meeting on 4 May 2023. He outlined that the group had discussions on the following topics:

- Reports from CQC peer reviews
- Information governance breaches and the learning from these
- A proposal for investment into Ward 5 at the Newsam Centre
- The levels of clinical information that would be shared through the Leeds Care Record
- Difficulties in resourcing speech and language therapy

The committee **noted** the update provided.

23/086 Professions and Nursing Council (agenda item 17.2)

Mrs Woffendin outlined that at its last meeting, the Professions and Nursing Council had discussions on the following topics:

- A healthcare support worker video
- Development posts and a new roles checklist
- Fit notes
- Non-medical prescribing procedures and non-medical prescribers

The committee **noted** the update provided.

23/087 Assurance and escalation reporting: Trustwide Safeguarding Committee (agenda item 17.3)

The committee **noted** that the meeting had been cancelled.

23/088 Update/escalation of infection control issues including Covid-19 (agenda item 17.4)

Mrs Woffendin confirmed that as of 11 May 2023, 11 service users were testing positive for Covid-19. She added that there was one outbreak at Ward 5 at the Newsam Centre which was being well controlled.

The committee noted the update provided. It agreed that it 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 any positive cases and outbreak management within the Trust.

The committee **noted** the update provided.

23/089 Assurance and escalation reporting: Any other groups (agenda item 17.5)

No updates were provided.

23/090 Any other business (agenda item 16)

Dr Healey informed the committee of a discussion that had taken place at the Audit Committee meeting on 18 April 2023 when reviewing an advisory internal audit report titled 'CQC Preparedness'. She noted that the audit report contained information on the quality committee's role in CQC related assurance and confirmed that this audit report would be presented to the committee at its June meeting.

The committee **noted** the update provided.

23/091 Key messages to be shared with the Board of Directors (agenda item 17.1)

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 reviewed the findings from the independent investigation into Tees, Esk and Wears Valley (TEWV) NHS Foundation Trust's Children's and Young People Mental Health Inpatient Services (CYPMHS). The committee agreed that it would be beneficial for the Board of Directors to hold a strategic discussion to consider how the Trust could strengthen its systems for detecting and avoiding those issues raised by this report and other reports. It suggested that this session also focused on 'ward to board' and what it means to be a well led organisation. It noted that there had been an offer from colleagues at TEWV to share their reflections on the situation and suggested that this could also take place as part of the strategic discussion.

The committee suggested some interim measures which included:

- A request for the quality committee to receive data on how many self-harm incidents relate to ligatures and how much restrictive practice relates to prone restraints
- A request for the Director of Nursing, Professions and Quality to confirm whether the use of nasogastric tube feeding was included as a risk on the Trust's risk register
- A request for further assurance on assurance on the processes in place for capturing patient voices, specifically from younger people
- A suggestion that the Patient Experience Team review its schedule for site visits to ensure that Mill Lodge and Red Kite View were prioritised.
- A request for the NICHE report to be shared with a number of groups and individuals.

Things on which the Board is to be assured:

- The Committee received the Board Assurance Framework. It reviewed strategic risk one and strategic risk two and was assured that the risks were being adequately controlled.
- The committee received an update on the management of Covid-19 across the Trust. It agreed that it 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 progress made against the Patient and Carer Experience and Involvement Strategy, which launched in March 2020. It was pleased to hear that an internal audit on the implementation of the Patient and Carer Experience and Involvement Strategy had received an opinion of high assurance and that three individuals with lived experience had been nominated as the co-chairs to the Patient Experience and Involvement Strategic Steering Group and its subgroups. It commended the Team for its work and agreed that it was assured on the systems and processes in place to involve, and collect feedback from, the Trust's service users and carers.
- The committee approved the Clinical Audit Priority Plan and was assured on the priority topics for 2023/24.
- The committee received a report which provided data from quarter four (Q4) for PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests. It noted that that the most reported type of incident in Q4 was self-harm and of those incidents, 94% involved female service users. It received reassurance that the Trustwide Clinical Governance Group had a detailed discussion about this with a number of actions agreed. The committee discussed issues related to its champion role and requested a report on how the implementation of the Patient Safety Incident Response Framework (PSIRF) would impact the data received by the committee. It agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.

- The committee reviewed the Quality Account for 2022/23. It acknowledged the efforts that had gone into the production of the Quality Account, despite challenges such as industrial action and business continuity. It agreed to approve the report, subject to a number of amendments, and thanked those involved. It noted that a report would be made to the Audit Committee on 19 June to provide assurance on the process undertaken to develop the Quality Report, with the Board of Directors having final sign off on 22 June 2023.
- The committee approved its Quality Committee Annual Report for 2022-23. It acknowledged that an agreement had been made for reports to be no more than 12 pages long and queried whether the template for the annual report should be reviewed.

Issues to advise the Board on:

- The committee received a report which provided a summary of the CQUIN work undertaken since summer 2022, noting that all of the Trust's work relating to the CQUIN scheme had been stood down between March 2022 and summer 2022 due to the Covid-19 pandemic. The committee had a discussion about the prioritisation of CQUIN work and a potential need for dedicated staff to be appointed for this work.

23/092 Items to be referred to other Board sub-committees (agenda item 17.2)

- The committee agreed that the findings from the NICHE investigation into TEWV NHS Foundation Trust's CYPMHS should be shared with the Mental Health Legislation Committee.
- The committee discussed an action which related to benchmarking data on registered nurse vacancies. It noted the update provided and agreed that this action should be discussed further by the Workforce Committee.

23/093 Suggestions for future internal audits (agenda item 17.3)

The committee did not suggest any areas for internal audit.

23/094 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 17.4)

The committee **noted** that the actions agreed when discussing agenda item nine (minute number 23/077) had potential to support managing strategic risk two.

The next meeting of the Quality Committee will be held on Tuesday 6 June 2023 at 9.30am via Teams