

The Quality Committee

Annual Report

1 April 2022 to 31 March 2023

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1. PERIOD COVERED BY THIS REPORT

This report covers the work of the Quality Committee for the financial year 1 April 2022 to 31 March 2023.

2. INTRODUCTION

The Quality Committee has been formally established by the Board of Directors as one of its sub-committees. It is authorised to investigate and seek assurance on the effectiveness of the Trust's quality systems and processes and the quality of the services provided. The Committee will monitor and report to the Board of Directors on the effectiveness of these systems and processes. With its key objectives being to seek assurance that:

- systems and processes are effective
- the quality, including patient safety, of services that the Trust provides is good and continuously improving
- the quality of the experience of people using our service is good and continuously improving.

The duties of the committee can be found in its Terms of Reference (appendix A).

This report seeks to assure the Board on the work it has carried out and the assurances received, and to demonstrate that it has operated within its Terms of Reference.

3. ASSURANCE

The Committee receives assurance from the executive director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed. Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; leadership visits; and talking to staff.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plans are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls, and the Quality Committee will be asked to note, in particular, those where it is listed as an assurance receiver to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived). These are:

- SR1. If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.
- SR2. There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.

The Committee reviews an extract of the BAF, containing the details for SR1 and SR2, at each meeting.

4. TERMS OF REFERENCE FOR THE QUALITY COMMITTEE

In February 2023 the Terms of Reference for the Quality Committee were approved by the members. In March 2023, they were ratified by the Board of Directors.

5. MEETINGS OF THE COMMITTEE

In 2022/23 the Committee met formally on 11 occasions. It should be noted that the committee continued to meet throughout the Coronavirus pandemic to discuss key quality issues. In 2022/23 all committee meetings were held virtually. The dates on which the Committee has met during the year are as follows:

- 12 April 2022
- 10 May 2022
- 13 June 2022
- 11 July 2022
- 8 September 2022
- 11 October 2022
- 10 November 2022
- 6 December 2022
- 10 January 2023
- 16 February 2023
- 16 March 2023

Secretariat support is provided by the Corporate Governance Team in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

The draft agenda for each meeting is presented to the Chair of the Committee, the Director of Nursing, Professions and Quality, and the Medical Director by the Committee Secretariat.

In line with its Terms of Reference, paperwork for this meeting is circulated to members five working days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting by the Committee Secretariat for assurance with progress made.

6. MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the Quality Committee is made up of two non-executive directors; the Director of Nursing, Professions and Quality, the Chief Operating Officer, the Medical Director, and the Director of People and Organisational Development. The Chief Financial Officer is also a member of the Committee and attends meetings as appropriate dependant on the agenda items being discussed. The Committee is

chaired by a non-executive director (NED), Dr Frances Healey, and Helen Grantham is the other regular NED member of this Committee. Should the NED chair be unable to chair the meeting this role will fall to another NED. Until September 2022, the Committee was chaired by Professor John Baker. At its July 2022 meeting, the Committee thanked Prof Baker for all his hard work and dedication as chair of the Quality Committee.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards membership of the meetings as outlined in the Terms of Reference.

The Trust also invites governors to observe Board sub-committee meetings. This opportunity allows governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

All meetings held during the reporting period were held remotely and retained quoracy. A record of attendance is shown in appendix B.

7. REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Quality Committee makes an assurance, escalation and advisory report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the dates that the assurance and escalation reports were presented by the Chair of the Quality Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board
12 April 2022	19 May 2022
10 May 2022	19 May 2022
13 June 2022	28 July 2022
11 July 2022	28 July 2022
8 September 2022	29 September 2022
11 October 2022	24 November 2022
10 November 2022	24 November 2022
6 December 2022	26 January 2023
10 January 2023	26 January 2023
16 February 2023	30 March 2023
16 March 2023	30 arch 2023

8. THE WORK OF THE COMMITTEE DURING 2022/23

During 2022/23 the Chair of the Quality Committee confirmed that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2022/23 are as follows:

Quality risks, priorities and strategy

- The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1 and 2. These have been updated and revised by the Board in

late 2022 and continue to centre on risks to quality

assurance processes and risks to delivery of the Quality Strategy.

- In December 2022 the Committee agreed a further one-year extension to the Quality Strategic Plan, first published in 2018.
- The Committee received the Quality Report 2021/22 in May 2022, and has received updates on specific quality improvement areas designated as Quality Improvement Priorities and has taken forward to Board a discussion on alignment of quality risks and quality priorities for 2022/23. In March 2023, the Committee received the draft Quality Report 2022/23.
- The Committee received the draft Internal Audit Plan for 2023-24 and was assured that it addressed the appropriate risk areas.

Reports the Committee receives frequently

- The Committee reviewed the Combined Quality and Workforce Performance Report at each meeting. Whilst awaiting the development of a new Quality Dashboard (under development with commissioned support) this report has been adjusted to provide some additional indicators, more timely data, and the titles of some indicators have been amended to make their content clearer.
- The Committee received on a quarterly basis and annual basis the Report on Combined Complaints, Concerns, PALS, Compliments and Patient Safety (which includes data on Claims, Central Alert System compliance and compliance with some other types of safety notifications, reported incidents, Serious Incidents and Duty of Candour). The Committee seeks assurance that all key themes have actions/improvement plans.
- The Committee received the Safer Staffing Six Monthly Update Reports, which encompass national requirements for monthly public reporting of levels of nurse staffing in inpatient services. The six-monthly reports now have expanded commentary to support the Committee and an additional report relating to Community Mental Health Teams was added in January 2023. These reports have gone forward for further consideration by the Board for what steps may be possible to further improve recruitment and retention and reduce workload.

- The Committee received the Learning from Deaths quarterly and annual reports. These include Serious Incident Investigations and Trust participation in LeDeR (Learning from Lives and Deaths of People with a Learning Disability and autistic people). The Committee discussed safety planning, risk assessments and domestic violence. The Committee has received additional assurances on processes for reviewing deaths of people on waiting lists for our services and on the review of deaths in the community of people with long-term physical health needs alongside mental health needs. It was assured of the work ongoing within the Trust to improve mortality review and subsequent improvement action across the organisation.
- The Committee received verbal monthly updates on the work of the Trust Wide Clinical Governance, the Nursing and Professions Council, and the Trustwide Safeguarding Committee.
- The Infection Prevention and Control Group also provides monthly updates and annual reports to the Committee, including verbal updates on COVID-19 cases across the Trust and data on the roll out of COVID-19 and influenza vaccinations across staff and patients. The Committee reviewed the Infection Prevention Board Assurance Framework and agreed that it was assured on the processes in place to reduce the transmission of Covid-19 and other nosocomial infections. The Committee recognised the extraordinary level of support and expertise provided by the infection prevention and control team to colleagues and service users over the course of the pandemic.
- The focus of Non-executive Director and Governor Service Visits on learning has been agreed at Board and a schedule of visits recommenced from early 2023. Reports which provided details of learning visits and leadership visits will be brought to the Committee quarterly following this.

Annual Quality Reports from services for 2021/22

- The Committee received Annual Quality Reports for 2021/22 using the Safe, Timely, Effective, Efficient, Equitable and Patient Centred (STEEEP) framework from the following services:

- Working Age Community Mental Health Services
 - Learning Disability Services
 - Older People's Services
 - Forensics Services
 - ADHD Service
 - Acute Care Services
 - CONNECT: The West Yorkshire and Harrogate Adult Eating Disorder Service.
 - National Deaf CAMHS
 - Complex Rehabilitation Service.
 - Rehabilitation and Recovery Service
 - Assertive Outreach Service
 - Little Woodhouse Hall Adolescent Inpatient Service (closed in early 2022)
 - Gender Identity Services.
 - Forward Leeds (specialist addiction service delivered in partnership)
 - Northern Gambling Service
 - Perinatal Service
 - Liaison Services
 - Red Kite View Inpatient Service
- The Committee was assured these services have good systems in place for understanding their quality issues and to drive improvements, and has recognised many impressive examples of action to improve quality in a year where services had faced many external challenges related to the pandemic and recovery, including the efforts of leaders, staff and peer support within the services. The Committee suggested an event supporting the mutual sharing of good practice between services which is planned for 2023. The formats presented to the committee are evolving, with a general aim of working towards more consideration of the full detailed report outside Committee with key highlights and challenges considered at Committee.
 - Discussion at Committee brings out themes common to multiple services to support strategic quality discussions (for example, insights to improve outcome data for all services, and accessibility of PALS/complaints services).

Annual reports

In addition to the annual reports listed above, the Committee received the following annual reports for 2021/22:

- The Patient Experience and Involvement Progress Report summarised how the trust is making progress on the priorities identified in the Patient and Carer Experience and Involvement Strategy, including the introduction of the 'Have Your Say' measure and the work of the Service User Network.
- The Research and Development Annual Report was received and the Committee noted the publication of the Research and Development Strategy 2022-2025. The Committee acknowledged the staffing pressures being faced across the Trust and their impact on staff involvement in research, whilst noting the impressive levels of research initiatives the report described.
- The Restrictive Interventions Annual Report was received. The Committee discussed this alongside the Panorama and Dispatches documentaries which had uncovered patient abuse on mental health wards at the Essex Partnership University Trust and Greater Manchester Mental Health NHS Foundation Trust. It discussed the use of restrictive interventions across the Trust and was assured on the quality improvement work being undertaken. The Committee has requested that monthly restrictive practice data is broken down into the main types of restrictive practice, and is receiving this for restraint and for seclusion over 24 hours, with further data on rapid tranquilisation and ethnicity data to follow. Thresholds for escalating certain types of restrictive practice to the Quality Committee and Board on an individual patient basis are being developed.
- The Committee received the Safeguarding Annual Report. It discussed benchmarking, new approaches to delivering safeguarding training, and sexual safety. It received a further separate report on the trust's sexual safety improvement work and its positive impact.
- The Committee received the Medicines Optimisation Group Annual Report. It discussed systems for ensuring the safety of women and girls prescribed sodium valproate and the impact of electronic Prescribing and Medicines Administration

systems (ePMA) on quality. The Committee agreed that the summary of the work carried out by the Medicines Safety Committee provided assurance on systems for understanding and acting on quality issues involving medication.

Additional updates

- The Committee has noted that new NICE guidelines on Self-harm: assessment, management and preventing recurrence were published in September 2022 and has asked for a report on the strategic approach to their implementation including linkages to existing work in the Trust on clinical risk assessment and on prevention of suicide death.
- The Committee received a report on the implications for trust services of the Final Report of the Ockenden Review on the safety of maternity services published in March 2022. The Committee agreed to take on the role of maternity safety champion, and will receive annual Quality reports from the Perinatal Mental Health Service.
- The Committee acknowledged the publication of the new national Patient Safety Incident Response Framework and will be updated on plans for its adoption within the trust and Integrated Care System.

Part B of the Quality Committee

- The Quality Committee holds a private Part B meeting when there is a need to discuss information that is personal to individual staff or patients, or for other limited reasons (e.g. need to protect detail related to methods of self-harm).
- The Committee agreed that information related to completed inquests, included Regulation 28 letters from the coroner and the trust's response, can in future usually be taken forward in part A of the Quality Committee as these letters and responses are published by the Chief Coroner.

Linking to other sub-committees.

- The Committee has maintained good connectivity with other sub-committees. Examples include where Workforce Committee has taken forward impact

assessments for service expansion after discussion

at Quality Committee, where Audit Committee and the Quality Committee have a shared interest in improvements to care planning, and where the Mental Health Legislation Committee and the Quality Committee have a shared interest in reducing restrictive practice and inequalities.

- The Committee has mutually agreed with the Audit Committee their respective roles related to the production of the annual Quality Report following changes in national guidance. The Committee frequently considers areas for future internal audits.

9. CONCLUSION

The Chair of the Quality Committee would like to assure the Board of Directors that the Committee has fulfilled its Terms of Reference during 2022/23. Throughout the year the Committee has monitored quality and gained assurance on how quality matters are considered and addressed. It has added value by maintaining an open and professional relationship with officers of the Trust and has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

Members of the Quality Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

Dr Frances Healey
Non-executive Director and
Chair of the Quality Committee
April 2023