

Minutes of the Quality Committee – Part A
Thursday 14 September 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
Ms Nichola Sanderson, Director of Nursing, Quality and Professions
Mr Darren Skinner, Director of People and Organisational Development

In attendance:

Ms Sarah Cooper, Head of Research and Development
Cllr Ian Cuthbertson, Appointed Governor for City of York Council (observer)
Ms Sam Marshall, Quality & Patient Safety Lead
Miss Kerry McMann, Head of Corporate Governance
Ms Gugu Ncube, Lead Infection Control Nurse
Mr Peter Ongley, Carer Governor (observer)
Ms Jane Riley, Chief Pharmacist
Ms Janet Smith, Head of Safeguarding
Ms Cath Wardle, Head of Clinical Governance and Patient Safety

		Action
	<p>Welcome and Introduction</p> <p>Dr Healey welcomed everyone to the meeting.</p>	
23/119	<p>Apologies for absence (agenda item 1)</p> <p>No apologies were received from members of the committee. Apologies were received from Mrs Cath Hill, Associate Director for Corporate Governance and Mr Waseem Munir, Head of Clinical Governance and Quality, who are attendees of the committee.</p> <p>The committee was quorate.</p>	
23/120	<p>Declarations of any conflict of interest in respect of agenda items (agenda item 2)</p> <p>No one present declared a conflict of interest in respect of agenda items.</p>	
23/121	<p>Approval of the minutes of the Quality Committee meeting held on the 6 June 2023 (agenda item 3)</p>	

The minutes of the quality committee meeting held on the 6 June 2023 were **agreed** as a true record.

23/122 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 6 June 2023 were suitable to be uploaded to the Trust's external website.

Mr Skinner joined the meeting.

23/123 Matters Arising (agenda item 4)

Dr Healey reminded committee members that the last meeting on 13 July 2023 had been cancelled to allow members of staff to respond to the industrial action that had occurred between 13 July 2023 and 18 July 2023. She explained that as a result, the Safer Staffing Report had been presented to the Board of Directors without first being reviewed by the Quality Committee.

The committee **noted** the update.

23/124 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 so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.

23/125 Hot topics / urgent issues update (agenda item 6)

Ms Sanderson informed the committee that a recent internal audit into sexual safety had received an opinion of limited assurance. She noted that the audit report would be reviewed by the Audit Committee in October 2023 and would then be presented to the Quality Committee in November 2023 for further discussion.

NS

Mrs Forster Adams reminded committee members that on 20 September 2023 industrial action taken by Junior Doctors and Consultants would coincide. She provided reassurance on the Trust's work to manage the impact of this on service users, noting that equality impact assessments and quality impact assessments had been undertaken. It was agreed that a standing item should be added to the agenda for updates on the quality impacts of industrial action. The committee noted that the workforce impacts would be discussed by the Workforce Committee.

KM

The committee noted the updates provided.

23/126

Ms Smith joined the meeting.

Safeguarding Annual Report (agenda item 7)

Ms Smith presented the Safeguarding Annual Report for 2022/23. She highlighted the following:

- The updates made to Trust safeguarding policies including the development of the Domestic Violence and Abuse Policy for Colleagues.
- The achievement of the West Yorkshire Domestic Violence and Abuse Quality Mark in recognition of the Trusts commitment to supporting service users and their families affected by domestic violence and abuse.
- The flexible approach used to improve compliance with compulsory training.
- The planning for a safeguarding conference that would take place in November 2023.

The committee noted the work undertaken in relation to domestic abuse and agreed that the Workforce Committee should consider the domestic abuse issues related to staff. It was also suggested that the Workforce Committee should receive assurance on the processes for dealing with safeguarding concerns raised between colleagues.

The committee next discussed mandatory training and welcomed the flexible approach used to deliver the safeguarding training, which included on-site group training, virtual training and the development of a video. The committee noted that a small number of staff were non-compliant with the level 3 mandatory training (which was a level typically relevant to more senior staff) and advised Ms Smith to escalate this to line managers and then to the relevant executive director where further support was needed. Mr Skinner asked executive colleagues to remind the managers within their teams of the importance of completing mandatory training.

The committee sought reassurance as to how the Safeguarding Team identified areas of risk across the Trust. Ms Smith outlined that this was done in a number of ways, including through advice from the Safeguarding Specialist Practitioners, by reviewing the risks logged on Datix, and by identifying areas that were not reporting any safeguarding concerns.

The committee thanked the Safeguarding Team for the work carried out in 2022/23. It asked Ms Smith to consider reducing the length of the report produced in 2023/24 in line with overall plans to ensure Quality Committee can focus on the most important and relevant information needed to fulfil its role.

The committee **received** the Safeguarding Annual Report for 2022/23 and **noted** the contents.

Ms Smith left the meeting. Ms Marshall joined the meeting.

23/127

Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q1 Report (agenda item 8)

Ms Marshall presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained data for quarter one. She confirmed that the report included data on restrictive practice and feedback from the Have Your Say survey, as requested by the committee. She also informed the committee that the Parliamentary and Health Service Ombudsman had launched complaints training which would be attended by members of staff.

The committee was informed that NHS England would be changing the national systems used by the Trust to report patient safety incidents, which would require the Trust to make changes to the patient safety incident reporting form on Datix. The committee discussed the concerns raised by coroners regarding delays in completing investigation reports into serious incidents at the Tees Esk and Wear Valleys NHS Foundation Trust. It asked Ms Marshall to provide assurance at a future meeting on the timeliness of the completion of serious incident investigations within LYPFT.

SM

Ms Sanderson informed the committee of plans to further develop the information provided within the Combined Report to understand the connection between rapid tranquilisation, seclusion and incidents, to provide more detail around the actions taken in response to complaints and PALS enquiries; and to include data on episodes of seclusion lasting beyond 24 hours.

The Committee queried why there was a disparity between the Trust's publicly available restrictive practice data and the restrictive practice data shared with the committee. The committee was informed that this was due to different definitions of restraints. It agreed that it should be briefed on how the restrictive practice data in Trust reports was defined and how this differed from the NHS national statistics for the Trust. It was agreed that, following this briefing, the committee would consider what data it wishes to receive.

NS

The committee acknowledged the themes identified within the serious incidents and noted that it would discuss this further when discussing agenda item 12 (Learning from Deaths) which provided more information on actions taken in response to the themes. It noted that the use of prone restraint had decreased in line with the increase of POD use. The committee discussed the information provided on CAS alerts and Ms Marshall agreed to clarify whether the status of a CAS alert was completed or not relevant to the Trust was correct within the report provided.

SM

The committee thanked Ms Marshall for the report and 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 quarter one 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.

23/128

Combined Complaints, Concerns, PALS, Compliments and Patient Safety Annual Report (agenda item 8.1)

Ms Marshall presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Annual Report. The committee queried why there was a disparity between the Trust's publicly available patient safety incident data and the patient safety incident data shared with the committee. Ms Wardle clarified that this was due to differing definitions of patient safety incidents. It agreed that the committee should be briefed on how this was defined in Trust statistics and how this differed from the NHS national statistics for the Trust.

CW

The committee thanked Ms Marshall for the report and agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them. It asked Ms Marshall to consider reducing the length of the report produced in 2023/24 in line with overall plans to ensure Quality Committee can focus on the most important and relevant information needed to fulfil its role.

The committee **received** an annual report which provided information on PALS activity, the concerns and complaints handling process, compliments, claims, central alert system, incidents, serious incidents and inquests during 2022/23. 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 Riley joined the meeting.

23/129

Medicines Optimisation Group Annual Report (agenda item 9)

Ms Riley presented the Medicines Optimisation Group Annual Report for 2022/23. She reported that all meetings had been quorate and went on to update the committee on the work of the group throughout the year. The committee acknowledged the connection between poor mental health and weight management and queried whether the Trust had explored the Wegovy injection. Ms Riley confirmed that this had been discussed and a number of challenges had been identified relating to the supply of the product and a lack of tier three weight management services.

The committee noted that a procedure had been developed relating to the response after a medication administration error and asked Ms Riley to ensure this was aligned with the Trust's overall policies including the Just Culture Guide and consistent with Trust responses after errors affecting medication prescribing or dispensing.

JR

The committee thanked Ms Riley for the report and thanked the group for its work during 2022-23. It agreed that the Medicines Optimisation Group was fulfilling its Terms of Reference. It asked Ms Riley to consider reducing the length of the report produced in 2023/24.

The committee **received** and **discussed** the Medicines Optimisation Group Annual Report. It **agreed** that the Medicines Optimisation Group was fulfilling its Terms of Reference.

Ms Riley left the meeting. Ms Cooper joined the meeting.

28/130 Research and Development Annual Report (agenda item 10)

Ms Cooper presented the Research and Development Annual Report for 2022/23. She outlined that during this period the team supported 57 studies and recruited 433 participants into studies. Ms Cooper next reported on some of the highlights of 2022/23, which included returning to face-to-face engagement activities and Ms Hilary Lewis, Allied Health Professional, being awarded a NIHR PhD Fellowship. She went on to outline the challenges faced during 2022/23, which included personnel changes that had led to less academic expertise within the team and challenges with recruiting to posts within the team. The committee confirmed the team had the executive support it needed and heard it was considering innovative ways of addressing these challenges, including clinical academic leadership from a range of healthcare professionals.

The committee discussed the report and recognised the work carried out throughout the year to raise awareness of the Research Team across the organisation and create a culture of research being core business. It suggested that governors could be invited to engagement events ran by the team. The committee thanked Ms Cooper for presenting the report and thanked the Research and Development Team for its work during 2022/23.

The committee **discussed** the Research and Development Annual Report and **thanked** the Research and Development Team for its work during 2022/23.

Ms Cooper and Cllr Cuthbertson left the meeting. Ms Ncube joined the meeting.

23/131 Infection Prevention and Control of Medical Devices Annual Report including IPC BAF (agenda item 10)

Ms Ncube presented the Infection Prevention and Control (IPC) of Medical Devices Annual Report for 2022/23 and the Infection Prevention and Control Board Assurance Framework. The committee was informed of plans to reduce the number of IPC policies in the Trust due to the publication of national guidelines. It discussed the capacity of the team and noted the impact this could have on the completion of the teams workplan for 2023/24. The committee noted that one area of the team's workload was mattress audits. It acknowledged that mattresses were audited for other reasons including fire safety and self-harm and suggested that the audits could be combined to reduce the workload of the team. The committee also discussed needle stick injuries and the approach taken by the team to reduce the occurrence of these.

The committee next discussed the Covid-19 vaccination process for service users and staff and queried whether this would continue to be the Trust's responsibility going forward. It also queried whether all members of staff would be offered the vaccination or frontline staff only. Ms Ncube confirmed that for

2023 the Trust would continue to offer Covid-19 vaccinations to all staff and service users and provided further details on the vaccination process that was due to start in September 2023. The committee noted that Ms Sanderson would update the Board of Directors on this on 28 September 2023.

The committee thanked the Infection Prevention and Control Team for the report and for its work during 2022/23. It asked Ms Ncube to consider reducing the length of the report produced in 2023/24.

The committee **reviewed** and **discussed** the Infection Prevention and Control of Medical Devices Annual Report.

Ms Ncube left the meeting.

23/132 Learning from Deaths Report (Q1) (agenda item 12.1)

Ms Wardle presented the Learning from Deaths Report which contained data from quarter one. She informed the committee of capacity issues within the team due to vacancies and sickness.

The committee next discussed the government announcement of the new approach that would be taken by the police to ensure those requiring urgent mental health support received timely care from the most appropriate agency. It was agreed that a report should be produced to review the impact of this on quality. It was also agreed that the Workforce Committee should seek assurance as to how the police respond to violence and aggression from service users against staff.

The committee thanked Ms Wardle for the report and agreed that it was assured on the work ongoing within the Trust to improve mortality review and the learning across the organisation.

The committee **received** and **discussed** the Learning from Deaths Report which contained data from quarter one. It was **assured** on the work ongoing within the Trust to improve mortality review and the learning across the organisation.

23/133 Learning from Deaths Annual Report 2022/23 (agenda item 12.2)

The committee **received** and **discussed** the Learning from Deaths Annual Report for 2022/23. It **thanked** Ms Wardle and the team for the work undertaken in 2022/23 and was **assured** on the work ongoing within the Trust to improve mortality review and the learning across the organisation.

23/134 Update on the learning from deaths pilot (agenda item 12.3)

The committee received a summary of the learning from deaths pilot that commenced in 2023. Ms Wardle reminded the committee that the project was developed to review the best methods of disseminating learning in a meaningful

CW

and effective way. Whilst acknowledging insights from the pilot, the committee noted that in adopting PSIRF there would be an increasing focus on changes to systems to reduce the risk of future harm. It agreed that it was assured on the work ongoing within the Trust to improve opportunities for learning.

The committee **received** an update on the learning from deaths pilot that commenced in 2023. Overall, the committee was **assured** on the work ongoing within the Trust to improve mortality review and to improve actions in response to findings across the organisation.

23/135 Cumulative action log (agenda item 13)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee reviewed action 22/173b which related to a request for more detailed data on restrictive interventions. The committee acknowledged that data on the use of rapid tranquilisation had been added to the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report and agreed to close this action. The committee noted that updates on the remaining open actions would be provided at future meetings.

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

23/136 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 and the impact of this on services and noted measures to reduce vacancies and ameliorate their impact continued would be discussed at Workforce Committee and at Board. It was pleased to see that rapid tranquilisation data had been added to the report. The committee acknowledged the increase in compliance with mandatory training, appraisals and clinical supervision and thanked the teams involved for their work to improve compliance rates.

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

23/137 Quality Committee Terms of Reference (agenda item 15)

The committee **reviewed** and **approved** its Terms of Reference, noting that they would be presented to the Board of Directors on 28 September 2023 for ratification.

23/138

Assurance and escalation reporting: Trustwide Clinical Governance Group, including any updates the development of the new quality dashboard (agenda item 16.1)

Dr Hosker escalated the following issues that had been discussed at the Trustwide Clinical Governance Group meeting on 7 September 2023:

- A proposal from the Gender Identity Service to change the entry age from 18 to 17, which the Trustwide Clinical Governance Group had supported. Dr Hosker reassured the committee that this had been changed in order to support the transition from children's services to adult services and help manage waiting lists. He confirmed that there would be no prescribing and that this decision did not conflict with the advice from the CASS review.
- Work undertaken to provide additional support to consultants following feedback provided by consultants in a serious incident report.

The committee **noted** the update provided.

23/139

Update/escalation of infection control issues including Covid-19 (agenda item 16.2)

Ms Sanderson outlined that there had been three positive cases of MRSA colonisation in the Trust's Older People's Inpatient Service, reassuring the committee that detecting these was the purpose of admission screening and this had been well managed. She went on to confirm that while positive cases of Covid-19 had been identified across the Trust since the last meeting, as of 14 September 2023 there were no positive cases.

The committee 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.

23/140

Assurance and escalation reporting: Any other groups (agenda item 14.3)

No updates were provided.

23/141 Any other business (agenda item 17)

The committee acknowledged the outcome of the trial of Lucy Letby and noted that this would be discussed in further detail by the Board of Directors at a future meeting. The committee also acknowledged that the Government had announced a new National Suicide Prevention Strategy on 11 September 2023. It noted that this would be discussed by the Board of Directors at a future meeting.

The committee **noted** the updates provided.

23/142 Any other business - Report of the independent rapid review into data on mental health inpatient settings by Dr Geraldine Strathdee (agenda item 17.1)

The committee acknowledged that the report of the independent rapid review into data on mental health inpatient settings, chaired by Dr Geraldine Strathdee, was published on 28 June 2023. It was noted that a paper would go to the private Board of Directors meeting on 28 September 2023 which would review the recommendations made within the report, assess the Trust’s position and identify any actions needed to make improvements.

The committee **noted** the update provided.

23/143 Any other business - Report of the independent review into mortality reporting and recording at Norfolk and Suffolk NHS Foundation Trust by Grant Thornton (agenda item 17.2)

The committee acknowledged that the report of the independent review into how data relating to deaths is processed and reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) was published on 28 June 2023. The committee noted the importance of being clear on the type of death being referenced within reports and agreed that future reports should be more specific. Ms Wardle informed the committee that the Trust would be reviewing the recommendations made within the report to assess the Trust’s position and develop an action plan for any improvements needed. It was noted that this would be shared with the committee at a future meeting.

CW

CW

The committee **noted** the update provided.

23/144 Key messages to be shared with the Board of Directors (agenda item 18.1)

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 received the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q1 Report. It was informed that NHS England would be changing the national systems used by the Trust to report patient safety incidents which would require the Trust to make changes to the patient safety incident reporting form on Datix.

Things on which the Board is to be assured:

- The committee reviewed an extract from the Board Assurance Framework which detailed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meeting.
- The committee received the Q1 Learning from Deaths Report and the Learning from Deaths Annual Report for 2022/23. It also received a summary report on the learning from deaths pilot that commenced in 2023 to review the best methods of disseminating learning in a meaningful and effective way. Whilst acknowledging insights from the pilot, the committee noted that in adopting PSIRF there would be an increasing focus on changes to systems to reduce the risk of future harm. The committee discussed the government announcement of the new approach that would be taken by the police to ensure those requiring urgent mental health support received timely care from the most appropriate agency. It was agreed that a report would be produced to review the impact of this on quality. Overall, the committee was assured on the work ongoing within the Trust to improve mortality review and to improve actions in response to findings across the organisation.
- The committee reviewed the Combined Quality and Workforce Performance Report. It was pleased to see the increase in compliance with mandatory training, appraisals and clinical supervision and thanked the teams involved for their work to improve compliance rates.
- The committee received the Infection Prevention and Control (IPC) of Medical Devices Annual Report for 2022/23 and the Infection Prevention and Control Board Assurance Framework. It discussed the Covid-19 vaccination process and was reassured that for 2023 the Trust would continue to offer Covid-19 vaccinations to all staff and service users. 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 received the Medicines Optimisation Group Annual Report for 2022/23. It agreed that the Medicines Optimisation Group was fulfilling its Terms of Reference.
- The committee received the Research and Development Annual Report for 2022/23. It was pleased to hear that the team had returned to face-to-face engagement activities and suggested that governors could be invited to engagement events run by the team. The committee recognised the work carried out throughout the year to raise awareness of the Research Team across the organisation and create a culture of research being core business.

- The committee received the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q1 Report and Annual Report for 2022/23. It discussed the concerns raised by coroners regarding delays in making final versions of serious incident investigation reports by the Tees Esk and Wear Valleys NHS Foundation Trust and agreed that assurance should be provided at a future meeting on the timeliness of the completion of serious incident investigations within LYPFT. The committee agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.
- The committee received the Safeguarding Annual Report for 2022/23. It noted the work undertaken in relation to domestic abuse and welcomed the flexible approach used to deliver the safeguarding training, which included on-site group training, virtual training and the development of a video, and encouraged the team to seek executive support where needed for any outstanding gaps in completion.
- The committee received reassurance on the Trust's work to manage the impact of industrial action on service users.

Issues to advise the Board on:

- The committee acknowledged that the report of the independent review into how data relating to deaths is processed and reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) was published on 28 June 2023. It was informed that the Trust would be reviewing the recommendations made within the report to assess the Trust's position and develop an action plan for any improvements needed, and that this would be shared with the committee at a future meeting. In the interim the committee encouraged definitional clarity in all committee papers providing data related to deaths.
- The committee acknowledged that the report of the independent rapid review into data on mental health inpatient settings, chaired by Dr Geraldine Strathdee, was published on 28 June 2023. It was noted that a paper would go to the private Board of Directors meeting on 28 September 2023 which would review the recommendations made within the report, assess the Trust's position and identify any actions needed to make improvements.
- The committee acknowledged the outcome of the trial of Lucy Letby and noted that this would be discussed in further detail by the Board of Directors at a future meeting.
- The committee acknowledged that the Government had announced a new National Suicide Prevention Strategy on 11 September 2023. It noted that this would be discussed by the Board of Directors at a future meeting.

23/145

Items to be referred to other Board sub-committees (agenda item 18.2)

The committee suggested that the following items should be referred to other Board sub-committees:

- Workforce Committee - The committee noted the work undertaken by the Safeguarding Team in relation to domestic abuse and agreed that the workforce committee should consider the domestic abuse issues related to staff.

Workforce Committee – It was suggested that the Workforce Committee should receive assurance on the processes for dealing with safeguarding concerns raised between colleagues.

- Workforce Committee - The committee discussed the government announcement of the new approach that would be taken by the police to ensure those requiring urgent mental health support receive timely care from the most appropriate agency. It was agreed that the Workforce Committee would receive further information as to how the police respond to violence and aggression from service users against staff.

23/146 Suggestions for future internal audits (agenda item 18.3)

The committee did not suggest any areas for internal audit.

23/147 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 18.4)

The committee **noted** the actions that had been agreed in the meeting.

The next meeting of the Quality Committee will be held on Tuesday 10 October 2023 at 9.30am via Teams