

**Minutes of the Quality Committee – Part A**  
**Tuesday 6 June 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 Sharron Blackburn, Deputy Head of Internal Audit  
Mrs Cath Hill, Associate Director for Corporate Governance  
Mr Waseem Munir, Head of Clinical Governance and Quality  
Miss Kerry McMann, Head of Corporate Governance  
Ms Cath Wardle, Head of Clinical Governance and Patient Safety

		<b>Action</b>
	<p><b>Welcome and Introduction</b></p> <p>Dr Healey welcomed everyone to the meeting and acknowledged that it was Ms Sanderson's first Quality Committee meeting as Executive Director of Nursing, Quality and Professions.</p>	
<p><b>23/095</b></p>	<p><b>Apologies for absence</b> (agenda item 1)</p> <p>No apologies were received from member or attendees of the committee.</p> <p>The committee was quorate.</p>	
<p><b>23/096</b></p>	<p><b>Declarations of any conflict of interest in respect of agenda items</b> (agenda item 2)</p> <p>No one present declared a conflict of interest in respect of agenda items.</p>	
<p><b>23/097</b></p>	<p><b>Approval of the minutes of the Quality Committee meeting held on the 11 May 2023</b> (agenda item 3)</p> <p>The minutes of the quality committee meeting held on the 11 May 2023 were <b>agreed</b> as a true record.</p>	

**23/098 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 May 2023 were suitable to be uploaded to the Trust's external website.

**23/099 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.

**23/100 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.

**23/101 Hot topics / urgent issues update** (agenda item 6)

No updates were provided.

**23/102 Cumulative action log** (agenda item 10)

The committee reviewed the action log and agreed to close the actions that had been completed. The committee noted that actions 22/149c and 13/057c were included in the agenda and papers for the meeting and agreed to close these actions. The committee discussed action 22/173a which related to the escalation of restrictive practice to the Quality Committee. It noted that the Combined Quality and Workforce Performance Report would include a more detailed breakdown of seclusion data going forward. Ms Sanderson agreed to consider the threshold for the escalation of seclusion to the Quality Committee and report back to the July meeting. The committee next reviewed action 22/214, relating to the consultation plan for the Quality Strategic Plan. It noted the update provided and agreed to close this action.

The committee went on to discuss action 23/082 which related to a metric within the Combined Quality and Workforce Performance Report which reported on the percentage of complaints allocated to an investigator within three working days. The committee reviewed the other measures relating to complaints and agreed that it was assured that in February, March and April 2023, 100% of complaints had been completed within the timescale agreed with the complainant. It agreed that the metric relating to the percentage of complaints allocated to an investigator could be removed.

**NS**

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

Ms Blackburn joined the meeting.

23/103

**Findings from the 'Preparations for the CQC' Internal Audit** (agenda item 7)

Ms Blackburn presented the 'Preparations for the CQC' internal audit report. She outlined the objectives and scope of the audit and went on to present the findings. The committee reviewed and discussed the findings. Ms Sanderson reassured the committee that all actions had been considered and would be taken forward. The committee asked Ms Sanderson to provide an update at a future meeting to provide assurance on the completion and the impact of the audit actions.

NS

The committee discussed the peer review process. It queried where the learning and actions agreed from peer reviews were shared. Mr Munir confirmed that the action plans were shared at local clinical governance meetings with the service line clinical governance group having oversight. The committee noted the number of different reports and action plans received by services and acknowledged that additional support may be needed to support the services in consolidating actions and recommendations.

The committee acknowledged that its terms of reference did not clearly state whether it had any role in oversight and assurance of regulation related activities, such as CQC. It asked Miss McMann to update its terms of reference to ensure they made reference to its role in relation to the CQC. Dr Healey suggested that the terms of reference for quality committees in other Trusts could be reviewed to inform this work. The committee noted that the terms of reference for the Trustwide Clinical Governance Group were also under review.

KM

The committee noted that it currently received verbal reassurance on the peer review process from the Trustwide Clinical Governance Group and went on to query how it would receive assurance on how the Trust was meeting CQC standards and how any crosscutting issues identified from other reviews would be escalated to the committee. Ms Sanderson suggested that discussions should first take place at the Unified Clinical Governance Group which had representation from every service and reviewed the findings from peer reviews and the progress made against actions. She added that this group sent an assurance report into the Trustwide Clinical Governance Group, which would then escalate any issues to the Quality Committee. It was suggested that any issues identified in reports and action plans that applied to multiple services should be shared with the quality committee.

The committee **received** the 'Preparations for the CQC' internal audit report and discussed the findings. It **considered** its role in oversight and assurance of regulation related activities, such as CQC, and **agreed** to update its terms of reference to include this. It also **considered** how it would receive assurance on how the Trust was meeting CQC standards.

Ms Blackburn left the meeting.

**23/104 Learning from Deaths Report Q4** (agenda item 8)

Ms Wardle presented the Learning from Deaths Report which provided data from quarter 4 (Q4). She outlined that a total of 86 deaths had been subject to review in Q4 with three meeting the serious incident criteria in accordance with the NHS Serious Incident Framework. She added that 10 of these deaths related to service users with a learning disability, and reassured the committee that she was involved in the LeDeR process to identify whether there were any opportunities for learning from those deaths.

Miss Grantham noted that the report highlighted both opportunities for learning in relation to risk assessments and good practice around risk assessments. She queried whether any themes had been identified. Ms Wardle confirmed that no themes had been identified. The committee went on to discuss the terminology used in the report when categorising the deaths and asked Ms Wardle to consider whether this should be changed. The committee was informed of an event that was being planned for October 2023 that would focus on inpatient suicide. 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.

CW

The committee **reviewed** the Learning from Deaths Report which provided data from quarter 4. It was **assured** on the work ongoing within the Trust to improve mortality review and the learning across the organisation.

**23/105 Learning from Deaths Annual Report** (agenda item 9)

The committee **noted** that this item had been deferred until the next meeting in July 2023.

**23/106 Cumulative action log** (agenda item 10)

The committee discussed action 23/077d and was informed that this action had been completed. It noted that Ms Louisa Weeks, Patient Experience and Involvement Lead, had been informed of the committee's suggestion for the Patient Experience Team to review its schedule and consider prioritising site visits to Mill Lodge and Red Kite View and agreed to close action 23/077c. It also noted that data on restrictive practice related to prone restraint and a breakdown of self-harm data would be included in the Combined Report going forward and agreed to close action 23/077a.

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

**23/107 LYPFT plans in line with NICE guidance: 'Self-Harm: Assessment, Management and Preventing Recurrence' (agenda item 11)**

Ms Sanderson presented a paper which informed the committee of the current position of the organisation in understanding any areas for improvement relating to the NICE guidance 'Self-Harm: Assessment, Management and Preventing Recurrence'. She explained that work was underway to understand the current position of services in line with the guidance and confirmed that nothing of concern had been identified while undertaking this work. Ms Sanderson went on to inform the committee of plans to develop a Trustwide strategy and procedure for self-harm, along with training for staff, and agreed to provide a further update once the work had been finished.

The committee discussed the report. It supported the decision to develop a Trustwide self-harm strategy and asked Ms Sanderson to consider how assurance would be provided to the committee. It agreed that it was assured on the future plans relating to the understanding of the Trusts position in meeting the NICE recommendations relating to self-harm assessment, management and preventing recurrence.

The committee **received** a report which outlined the current position of the organisation in understanding any areas for improvement relating to the NICE guidance 'Self-Harm: Assessment, Management and Preventing Recurrence'. It **supported** the decision to develop a Trustwide self-harm strategy.

**23/108 Progress of the Risk Assessment Task and Finish Group (agenda item 11.1)**

Ms Sanderson presented a paper that informed the committee of the work completed by the Trust's Risk Assessment Task and Finish Group. She outlined the work that had been undertaken which included: a review of the Clinical Risk Assessment and Management Procedure; the development of a business case for dedicated leadership on further improvements to the risk assessment process; and the development of future processes relating to risk assessment, using national guidance to support decision making. The committee discussed the report and agreed that it was assured on the plans for improvement in relation to risk assessment in the Trust.

The committee **received** a report which informed the committee of the work completed by the Trust's Risk Assessment Task and Finish Group. The committee **discussed** the report and was **assured** on the plans for improvement in relation to risk assessment in the Trust.

**23/109 Combined Quality and Workforce Performance Report (agenda item 12)**

The committee reviewed the Combined Quality and Workforce Performance Report. It acknowledged an increase in the use of physical restraint in April 2023, noting that any issues relating to restrictive practice would be escalated to its part B meetings. Dr Healey drew attention to the cover sheet for the report, noting that it referred to NHS Improvement's Oversight Framework. The committee

noted that this had changed to NHS England's System Oversight Framework. Ms Sanderson agreed to change this on the cover sheet and check whether any metrics should be updated based on the change in framework.

NS

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

23/110

**Discussion to agree what existing data reports could be used to expand the range of quality data available to the committee while the new quality dashboard is developed** (agenda item 13)

Dr Healey reminded committee members that because the review of the quality dashboard was an extensive piece of work that would take some time, it had been agreed that a discussion would take place to identify whether any existing reports presented elsewhere in the Trust could be used to expand the range of quality data available to the committee in the interim.

The committee had a detailed discussion on the data that was presented to other groups. It reflected on the flow of information between Board sub-committees, through chairs reports to the Board of Directors and the referral of actions. The committee agreed that escalations should be made to the Quality Committee where there is a significant quality impact or a significant patient safety risk. The committee considered the STEEEP model, noting that it already received data around safety, and queried whether data could be provided to show the Trust's performance for timeliness, effectiveness, equitability, efficiency, and being patient centred. Mrs Forster Adams agreed to consider what existing data could be shared with the committee with Dr Hosker, Ms Sanderson and Mr Skinner. It was also agreed that the data from the Have Your Say survey would be provided to the committee.

JFA /  
CHos /  
NS /  
DS  
NS

The committee **discussed** whether any existing reports presented elsewhere in the Trust could be used to expand the range of quality data available to the committee while the quality dashboard was being reviewed.

Ms Wardle left the meeting.

23/111

**Assurance and escalation reporting: Trustwide Clinical Governance Group, including any updates the development of the new quality dashboard** (agenda item 14.1)

Dr Hosker confirmed that there were no issues to escalate from the Trustwide Clinical Governance Group meeting on 1 May 2023. He outlined that the group was reviewing its Terms of Reference. He also informed the committee of a meeting that had taken place on 31 May 2023 to discuss the development of the quality dashboard, adding that a report updating on this work would be available in the next few months.

CK /  
CHos

The committee **noted** the update provided.

**23/112 Update/escalation of infection control issues including Covid-19** (agenda item 14.2)

Ms Sanderson presented a proposal which recommended changes to the Trusts approach to the use of PPE, noting that the proposal would be shared with the Executive Management Team on 7 June 2023 for approval. She explained that the changes related to the use of masks in clinical areas and testing for Covid-19. She outlined that this proposal had been made due to a decline in outbreaks and reassured the committee that it was in line with both national guidance and the approach taken by Trust partners.

The committee noted that the proposal stated that masks would be worn when delivering care to service users that are clinically extremely vulnerable. It asked Ms Sanderson to consider the impact on people with protected characteristics that were relevant to Covid-19, such as those from ethnic minority communities and those with a disability, when the EMT discussed the proposals.

The committee 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.

**23/113 Assurance and escalation reporting: Any other groups** (agenda item 14.3)

No updates were provided.

**23/114 Any other business** (agenda item 15)

Mrs Forster Adams informed the committee of an IT incident that had taken place at the end of May 2023, noting that the incident had been formally stood down on 28 May 2023. She reassured the committee that a debrief had taken place and that a report on the learning from the incident would be shared with the Finance and Performance Committee.

It was noted that there were no issues of a confidential nature to be discussed and therefore a private meeting was not required.

The committee **noted** the update provided.

**23/115 Key messages to be shared with the Board of Directors** (agenda item 16.1)

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:**

- No issues to which the Board needs to be alerted.

**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 reviewed a proposal which recommended changes to the use of PPE across the Trust, noting that the proposal would be shared with the Executive Management Team on 7 June 2023 for approval. 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 'Preparations for the CQC' internal audit report and discussed the findings. It received reassurance that all actions had been considered and would be taken forward and agreed that an update should be provided at a future meeting on the completion and the impact of the audit actions. The committee considered its role in oversight and assurance of regulation related activities, such as CQC, and agreed to update its terms of reference to include this.
- The committee received the Learning from Deaths Report which provided data from quarter 4. It noted that a total of 86 deaths had been subject to review, with three meeting the serious incident criteria in accordance with the NHS Serious Incident Framework and eight relating to service users with a disability. The committee 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 an update on the current position of the organisation in understanding any areas for improvement relating to the NICE guidance 'Self-Harm: Assessment, Management and Preventing Recurrence'. It was informed of plans to develop a Trustwide strategy and procedure for self-harm, along with training for staff. The committee agreed that it was assured on the future plans relating to the understanding of the Trusts position in meeting the NICE recommendations relating to self-harm assessment, management and preventing recurrence. It noted that an update on this work would be provided at a future meeting.
- The committee discussed a report outlining the work completed by the Trust's Risk Assessment Task and Finish Group. It agreed that it was assured on the plans for improvement in relation to risk assessment in the Trust.
- The committee had a discussion to identify whether any existing reports presented elsewhere in the Trust could be used to expand the range of quality data available to the committee while the quality dashboard was being reviewed.



- The committee noted that the IT incident that had taken place at the end of May 2023 had been formally stood down on 28 May 2023. It was reassured that a debrief had taken place and that a report on the learning from the incident would be shared with the Finance and Performance Committee.

**Issues to advise the Board on:**

- Throughout its discussions the committee noted the number of different reports and action plans received by services and acknowledged that additional support may be needed to support the services in consolidating actions and recommendations.

**23/116 Items to be referred to other Board sub-committees (agenda item 16.2)**

The committee did not suggest any items to be referred to other Board sub-committees.

**23/117 Suggestions for future internal audits (agenda item 16.3)**

The committee did not suggest any areas for internal audit.

**23/118 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 16.4)**

The committee **noted** that the actions agreed when discussing whether any existing reports presented elsewhere in the Trust could be used to expand the range of quality data available to the committee while the quality dashboard was being reviewed had potential to support managing strategic risk one.

**The next meeting of the Quality Committee will be held on Thursday 13 July 2023 at 1.00pm via Teams**