

**Minutes of the Quality Committee – Part A**  
**Tuesday 16 November 2023 at 9.30am**  
**Held via Teams**

**Present:**

Dr Frances Healey, Non-executive Director (Chair of the Committee)  
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:**

Mr Ian Andrews, Non-clinical Staff Governor (observer)  
Mrs Clare Edwards, Associate Director for Corporate Governance  
Miss Kerry McMann, Head of Corporate Governance  
Dr Claire Kenwood, Director for Collaborative Working (for item 16.1)  
Mr Jon Salway, Carer Governor (observer)

		<b>Action</b>
	<b>Welcome and Introduction</b>	
	Dr Healey welcomed everyone to the meeting.	
<b>23/169</b>	<b>Apologies for absence</b> (agenda item 1)	
	Apologies were received from Mrs Joanna Forster Adams, Chief Operating Officer, and Mrs Zoe Burns-Shore, Non-executive Director, who are members of the committee.	
	The committee was quorate.	
<b>23/170</b>	<b>Declarations of any conflict of interest in respect of agenda items</b> (agenda item 2)	
	No one present declared a conflict of interest in respect of agenda items.	
<b>23/171</b>	<b>Approval of the minutes of the Quality Committee meeting held on the 10 October 2023</b> (agenda item 3)	
	The minutes of the quality committee meeting held on the 10 October 2023 were <b>agreed</b> as a true record.	
<b>23/172</b>	<b>Approval for the minutes above to be uploaded to the Trust's external website</b> (agenda item 3.1)	

The committee **agreed** that the minutes of the quality committee meeting held on the 10 October 2023 were suitable to be uploaded to the Trust's external website.

**23/173 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.

**23/174 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.

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**23/175 Hot topics / urgent issues update** (agenda item 6)

Dr Hosker informed the committee of the NHS Impact Initiative, explaining that this had been launched by NHS England to support organisations, systems and providers to shape their strategy underpinning it with continuous improvement, and to share best practice and learn from one another. He outlined that Trust's had been asked to map their position against the initiative and submit this to NHS England. He went on to confirm that, although this wasn't mandatory, the Trust would be submitting a response. The committee noted that the response would be reviewed by the Executive Management Team on Wednesday 22 November, where it would be agreed whether the response would be shared with the Quality Committee or be shared directly with the Board of Directors.

The committee **noted** the update provided.

**23/176 Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q2 Report** (agenda item 7)

Ms Sanderson presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained data from quarter two (Q2). The committee was pleased to read a compliment that had been received by Red Kite View. It noted that there had been three Serious Incidents affecting service users at Mill Lodge and asked for an update to be provided on these in the private part of the meeting. The committee noted that the highest reported

category for PALS contacts in Q2 was 'communication'. It was agreed that a report providing further details on complaints and other data sources related to communication would be provided in January 2024.

The committee went on to discuss how the report could be developed. It agreed that the report could contain less data (especially where similar data is already presented in the Combined Quality and Workforce Performance Report) but include more information on improvement activity and peer learning. It also suggested that the Trust's data could be benchmarked against data from similar Trusts. The committee acknowledged that the data within the report was presented by source, not by theme. Mrs Edwards suggested that themes from complaints, incidents, alerts, legal cases and other areas could be included within the report. The committee agreed the reports should evolve towards more emphasis on the response to issues and more presentation of data by theme rather than source, and Ms Sanderson agreed to take forward discussion with the teams to producing these.

The committee thanked Ms Sanderson 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 two 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 and **discussed** further potential improvements to this report

### 23/177 **Quality Improvement Priorities update** (agenda item 8)

Ms Sanderson presented a report which outlined the progress made in quarter two against the 2023/24 Quality Improvement Priorities (QIPs) and advised that in 2024/25 the board's current strategic quality improvement priorities would stand alone without separate QIPs for locally led initiatives. The committee reviewed the progress chart for 2023/24 and noted that all QIPs were rated yellow (on track with challenges) or amber (delayed). The committee agreed that the Board of Directors should be informed of this update via the chairs report. Ms Sanderson acknowledged that the report did not contain statistics, only ratings, and agreed to share the data at the Board meeting on 30 November 2023.

NS

Dr Healey drew attention to the QIP relating to autism awareness training which reported issues with accessing the training via the Learn system. Mr Skinner clarified that all permanent staff had Learn accounts. He went on to explain that the autism awareness training was not mandatory for all staff and therefore had to be allocated to the accounts of staff members that were required to complete this. The committee queried whether this QIP related to tier one or tier two autism awareness training. Ms Sanderson agreed to clarify this at the Board of Directors meeting on 30 November 2023 and also bring an update on tier one training compliance.

NS

The committee **received** a report which outlined the progress made in quarter two against the 2023/24 Quality Improvement Priorities. The committee **noted** that all QIPs were rated yellow (on track with challenges) or amber (delayed) and **agreed** that the Board of Directors should be informed of this via the chairs report.

**23/178 Restrictive Interventions Annual Report 2022/23** (agenda item 9)

Ms Sanderson presented the Restrictive Interventions Annual Report for 2022/23. She informed the committee that the data showed a 65% increase in the use of physical restraint when compared to the previous year. The committee acknowledged that Red Kite View unit had opened in 2022/23. Ms Sanderson also reminded the committee of discussions that had taken place at Quality Committee meetings in 2022/23 regarding the use of physical restraint at the Yorkshire Centre for Eating Disorders to provide life-saving treatment. Dr Healey suggested that data on restraints used as part of an individual's care plan multiple times per day for nasogastric feeding could be provided separate to the data on restraints used in other circumstances, as the concentration of these data on very few individuals makes it more difficult to see wider trends. Ms Sanderson supported this and suggested restraint as part of an individual personal hygiene care plan may also be helpful to separate out. She agreed to take this forward with the team providing data on restrictive interventions to this report and to the Combined Quality and Workforce Performance Report.

**NS**

The committee discussed the use of rapid tranquilisation at Red Kite View. It acknowledged that agenda item 15 (Combined Quality and Workforce Performance Report) reported that rapid tranquilisation had been administered 270 times trust wide between 1 July 2023 and 30 September 2023 and therefore agreed that understanding more about all the areas where this was used would be helpful. Ms Sanderson agreed to provide further details as to where this had occurred, alongside information on who and why.

**NS**

The committee thanked Ms Sanderson for the report and noted that this report would be presented to the Mental Health Legislation Committee at its next meeting. Dr Healey acknowledged the previous agreement with MHLC that they would take the lead on restrictive practice data related to ethnicity, and suggested this might be easier to interpret if ethnicity was grouped at a higher level.

The committee **received** the Restrictive Interventions Annual Report for 2022/23. It **reviewed** the data provided and **discussed** improvements to data on the use of physical restraints and **agreed** an action related to better understanding of the use of rapid tranquilisation.

**23/179 Briefing on how Learning from Patient Safety Events (LFPSE) and Patient Safety Incident Response Framework (PSIRF) will impact the data received by the committee** (agenda item 10)

Ms Sanderson presented a report which provided an update on the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE). Dr Healey drew attention to an

incomplete sentence on the cover sheet for the report and suggested this should be updated for the record. The committee discussed PSIRF and how this may impact the data received by the committee. It acknowledged that the Trust had already embedded many elements of PSIRF, noting the existing reporting on falls, the thematic review undertaken into inpatient suicides, previous discussions about the need for a self-harm strategy and the learning from deaths reports.

The committee next discussed LFPSE and how this may impact the data received the committee. The committee queried whether the data it received on Serious Incidents would change. Ms Sanderson suggested that the language within the report would change. Dr Healey also noted that the definition of 'severe' events had changed.

The committee **received** a report which provided an update on the Implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE).

**23/180 Briefing on the timeliness of the completion of serious incident investigations within LYPFT (agenda item 11)**

The committee **noted** that this item had been deferred to the next meeting on 12 December 2023.

**23/181 Briefing as to how the restrictive practice data in trust reports is defined and how this differs from the NHS national statistics for the Trust (agenda item 12)**

Ms Sanderson presented a briefing as to how restrictive intervention data in trust reports was defined and how this differed from the NHS national statistics for the Trust. The committee noted the update and suggested that this could also be shared with the Executive Team. It was also agreed that Ms Sanderson would check which source of rapid tranquilisation data was being submitted to NHS England.

**NS**

The committee **reviewed** a briefing as to how restrictive intervention data in trust reports is defined and how this differs from the NHS national statistics for the Trust.

**23/182 Findings from the 'Sexual Safety' Internal Audit (agenda item 13)**

Ms Sanderson reminded the committee that a recent internal audit into sexual safety had received an opinion of limited assurance. She explained that three inpatient areas had been audited which were part of a pilot scheme for embedding sexual safety in the Trust and noted that when the audit had been conducted the Trust's Sexual Safety Policy had only just been introduced. She added that three sexual safety incidents were referenced within the audit report, explaining that these highlighted issues with the Trust's documentation process for sexual safety incidents.

Ms Sanderson went on to inform the committee of the actions undertaken in response to the audit findings. She reported that a quarterly audit of sexual safety incidents on inpatient areas would be conducted going forward and confirmed that the Trust's sexual safety policy had been updated. She also outlined that the Trust would be working with South West Yorkshire Partnership NHS Foundation Trust to review a number of other wards over the same period to see if similar issues could be identified. Ms Sanderson and Mr Skinner detailed the changes that had been made to the Datix system to ensure that the Safeguarding Team was automatically notified of any sexual safety incidents raised and the Wellbeing Team was automatically notified of any incident that could impact staff wellbeing, to ensure appropriate support could be provided.

The committee thanked Ms Sanderson for the update and was reassured by the actions taken in response to the report. It noted that the Audit Committee had discussed the internal audit report in detail at its meeting on 17 October 2023 and would monitor the progress made with the actions going forward. Ms Sanderson agreed to provide updates going forward as part of the regular updates from the Trustwide Clinical Governance Group.

The committee **received** an update on the actions taken in response to an internal audit into sexual safety that had received an opinion of limited assurance. The committee **agreed** that it was reassured by the actions taken in response to the report, acknowledging the delivery of these actions would be reported to Audit Committee but that the Quality Committee had an ongoing role in Safeguarding assurance.

**23/183 Cumulative action log (agenda item 10)**

The committee reviewed the action log and agreed to close the actions that had been completed. The committee discussed action 23/129, which related to a procedure for medication administration errors. Dr Hosker agreed to clarify that the action was asking for reassurance that the policy specifying the process for responding to medication administration errors was consistent with the process for responding to medication prescribing errors or medication dispensing errors and whether the policy was related to the clinical checks on the patient and/or response to staff involved in an error. He also agreed to check why the medication team thought that accessing PSIRF training was needed before this could be done.

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

**23/184 For information only - response to action 23/155a (agenda item 14.1)**

The committee noted the data that had been provided in response to action 23/155a. It acknowledged that compliance with CQUIN15b 'routine outcome monitoring in perinatal mental health services' was at 13% for Perinatal Inpatient Services and 20% for Perinatal Community Services and therefore unlikely to be

achieved. The committee agreed that the Board of Directors should be informed of this update via the chairs report.

The committee **noted** and **discussed** the response provided for action 23/155a.

**23/185 Combined Quality and Workforce Performance Report** (agenda item 15)

The committee reviewed the Combined Quality and Workforce Performance Report (CQPR). 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 to be discussed at Workforce Committee and at Board. The committee discussed the data it received around compliance with safeguarding training and noted that whilst it was headed 'Safeguarding level 3 prevent training', Ms Sanderson understood from queries in advance of the meeting that it was showing core Prevent training rather than Safeguarding level 3 training. Dr Healey observed that previously the data received by Quality Committee had been titled Safeguarding level 3 and safeguarding was more appropriate focus here than Prevent which was geared more to public safety. The Committee asked Ms Sanderson to review the most appropriate safeguarding data for Quality Committee to receive as part of CQPR.

Mr Skinner highlighted that the percentage of mandatory training completed had been above the Trust's target of 85% for over three months. He added that the number of overall vacancies across the Trust and band 5 nursing vacancies were reducing. The committee welcomed this.

The committee **received** the Combined Quality and Workforce Performance Report and **noted** its content. It discussed improvements to safeguarding data within the report.

**NS**

Dr Kenwood joined the meeting.

23/186

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

Dr Kenwood presented a report which provided an update on the development of the quality dashboard and the culture dashboard. Dr Hosker reminded the committee that this was an extensive piece of work that would take some time to complete. The committee discussed the project and noted the level of integration that was desired for the dashboards. It recognised the importance of data being useful at service level. Dr Healey welcomed the style of engagement and focus on all aspects of STEEEP and observed that the proposed content could work well as a limited number of high-level quality indicators for board-level scrutiny of improvement over time, but that different indicators might be required so any service specific trends or issues could be spotted and action could be taken. Dr Healey also noted the wider challenges with collecting outcome data that had been discussed at QC might affect some proposed indicators. Dr Healey acknowledged that the proposed board-level indicators would not be comprehensive enough to support Quality Committee in their assurance role, (for example, QC would be expected to see trends in restrictive practice and self-harm). Dr Hosker explained that the dashboards would look different at different levels of the organisation. The committee thanked Dr Kenwood for the update. It was agreed that the Board would be informed of this update via the chairs report. Dr Healey noted that the Quality Committee already had an action on what data could be provided to Quality Committee in the interim, but would now need to consider how to build on that action to develop a quality dataset tailored to Quality Committee's role.

The committee went on to receive an update from the Trustwide Clinical Governance Group meeting on 2 November 2023. Ms Sanderson confirmed there were no issues to escalate and explained that discussions had taken place on the following topics:

- Supporting service users to access certain medications in the community, such as clozapine and olanzapine depot
- Quality Impact Assessments for 2024-25

The committee **noted** the update provided. It suggested it would be helpful for the Board to be informed of the current focus and progress of the Quality Dashboard work.



Mrs Edwards and Dr Kenwood left the meeting.

**23/187 Update/escalation of infection control issues including Covid-19** (agenda item 16.2)

Ms Sanderson informed the committee of a decision that had been made to stop providing lateral flow testing kits to staff. She confirmed that this was in line with national policy. 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.

**23/188 Assurance and escalation reporting: Professions and Nursing Council** (agenda item 16.3)

Mrs Sanderson **noted** that there were no updates from the Professions and Nursing Council.

**23/189 Assurance and escalation reporting: Trustwide Safeguarding Committee** (agenda item 16.4)

Mrs Sanderson **noted** that there were no updates from the Trustwide Safeguarding committee.

**23/190 Assurance and escalation reporting: Update on industrial action** (agenda item 16.5)

Mr Skinner informed the committee that industrial action by consultant and junior doctors was currently on hold while talks were ongoing to address pay disputes continued between the Government, NHS Employers, and the British Medical Association. He added that on 6 November 2023 a formal ballot opened for specialist, associate specialist and specialty (SAS) doctors in England, along with a re-ballot for consultants to extend consultants' industrial action mandate beyond Boxing Day, noting that both ballots would close on 18 December 2023. The committee noted that the Industrial Action Planning Group continued to meet on a weekly basis.

The committee **noted** the update provided.

**23/191 Assurance and escalation reporting: Any other groups** (agenda item 16.6)

No updates were provided.

**23/192** **Any other business** (agenda item 17)

The committee did not discuss any other areas of business.

**23/193** **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 a report which outlined the progress made in quarter two against the 2023/24 Quality Improvement Priorities (QIPs). The committee noted that all QIPs were rated yellow (on track with challenges) or amber (delayed).
- The committee received data showing the progress made against CQUIN15b 'routine outcome monitoring in perinatal mental health services'. It noted that the figures were at 13% for Perinatal Inpatient Services and 20% for Perinatal Community Services and therefore the CQUIN would likely not be achieved.

**Things on which the Board is to be assured:**

- The committee received the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained data from quarter two. The committee was pleased to read a compliment that had been received by Red Kite View. It noted that the highest reported category for PALS contacts in Q2 was 'communication' and requested further details to be provided at a future meeting. Overall, the committee agreed that the Trust had good systems for understanding quality issues raised through these sources and working to improve them and discussed further potential improvements to this report.
- The committee received the Restrictive Interventions Annual Report for 2022/23. It noted that there had been a 65% increase in the use of physical restraint in 2022/23 when compared to the previous year but acknowledged that this may have been due to the opening of Red Kite View. It also recalled previous discussions regarding the use of physical restraint at the Yorkshire Centre for Eating Disorders to provide life-saving treatment. The committee reviewed the data provided and discussed improvements to data on the use of physical restraints and agreed an action related to better understanding of the use of rapid tranquilisation.
- The committee received an update on the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE). It acknowledged that the Trust had already embedded many elements of PSIRF, noting that the existing reporting on falls, the thematic review undertaken into inpatient suicides, previous discussions about the need for a self-harm strategy and learning from deaths reports.
- The committee reviewed a briefing explaining how restrictive intervention data in trust reports was defined and how this differed from the NHS national statistics for the Trust.
- The committee received an update on the actions taken in response to an internal audit into sexual safety that had received an opinion of limited assurance. The committee agreed that it was reassured by the actions taken in response to the report, acknowledging the delivery of these actions would

be reported to Audit Committee but that the Quality Committee had an ongoing role in Safeguarding assurance.

- 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 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.

**Issues to advise the Board on:**

- The committee received a report which provided an update on the development of the refreshed quality dashboard and the culture dashboard. It noted that this was an extensive piece of work that would take some time to complete. The committee discussed the project and noted the level of integration that was desired for the dashboards. It welcomed the style of engagement and focus on all aspects of STEEP and observed that the proposed content could work well as a limited number of high-level quality indicators for board-level scrutiny of improvement over time, but that different indicators might be required so any service specific trends or issues could be spotted and action could be taken. Overall it welcomed the quality data that would be included in the dashboards but acknowledged that it would not be sufficient to replace the Combined Quality and Workforce Performance Report.

**23/194 Items to be referred to other Board sub-committees (agenda item 18.2)**

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

**23/195 Suggestions for future internal audits (agenda item 18.3)**

The committee **noted** that there had been no suggestions for future internal audits.

**23/196 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 18.4)**

The committee **noted** that the update provided on the development of the quality and cultural dashboard supported the management of strategic risk one.

**The next meeting of the Quality Committee will be held on Tuesday 12 December 2023 at 9.30am via Teams**

