

Minutes of the Quality Committee – Part A
Thursday 8 February 2024 at 9.30am
Held via Teams

Present:

Dr Frances Healey, Non-executive Director (Chair of the Committee)
 Mrs Zoe Burns-Shore, Non-executive Director
 Mrs Joanna Forster Adams, Chief Operating Officer
 Dr Chris Hosker, Medical Director

In attendance:

Ms Alison Quarry, Deputy Director of Nursing
 Mrs Clare Edwards, Associate Director for Corporate Governance
 Miss Kerry McMann, Head of Corporate Governance

		Action
	<p>Welcome and Introduction</p> <p>Dr Healey welcomed everyone to the meeting, acknowledging that it was Ms Burns-Shore’s first committee meeting.</p>	
24/028	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Mr Darren Skinner, Director of People and Organisational Development, and Ms Nichola Sanderson, Director of Nursing and Professions, who are members of the committee.</p> <p>It was noted that Ms Quarry was in attendance to deputise for Ms Sanderson.</p> <p style="background-color: #cccccc;">The committee was quorate.</p>	
24/029	<p>Declarations of any conflict of interest in respect of agenda items (agenda item 2)</p> <p style="background-color: #cccccc;">No one present declared a conflict of interest in respect of agenda items.</p>	
24/030	<p>Approval of the minutes of the Quality Committee meeting held on the 11 January 2024 (agenda item 3)</p> <p style="background-color: #cccccc;">The minutes of the quality committee meeting held on the 11 January 2024 were agreed as a true record.</p>	
24/031	<p>Approval for the minutes above to be uploaded to the Trust’s external website (agenda item 3.1)</p>	

The committee **agreed** that the minutes of the quality committee meeting held on the 11 January 2024 were suitable to be uploaded to the Trust's external website.

24/032 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.

24/033 Board Assurance Framework: SR1 and SR2 – for information only (agenda item 5)

The committee reviewed the Board Assurance Framework (BAF) so that it could be mindful of its responsibilities to assure that strategic risks one and two were being adequately controlled through the course of the meeting. Mrs Edwards informed the committee that, following a discussion at the Board of Directors meeting on 25 January 2024, the controls on the BAF were being updated. The committee noted that going forward only an extract of the BAF containing strategic risks one and two would be provided.

The committee **reviewed** the Board Assurance Framework (BAF) so that it could be mindful of its responsibilities to assure that strategic risks one and two were being adequately controlled through the course of the meeting.

24/034 Hot topics / urgent issues update (agenda item 6)

No updates were provided.

24/035 Assurance on the Quality Impact of our Efficiency and Productivity Programme 2024/25 (agenda item 7)

Mrs Hanwell presented a report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. She noted that on 19 January 2024 the Director of Nursing and Professions and the Medical Director chaired a meeting of the Quality Impact Assessment (QIA) Panel, where 31 schemes were reviewed.

The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken. The committee had a detailed discussion on the information provided. Dr Healey noted that a quality impact could be positive or negative and suggested that narrative could be added to the report to specify this. Dr Hosker also noted that discussions at the QIA panel had encompassed the different impact on quality when efficiency savings were achieved through the right process, such as reducing locum doctor spend by improving recruitment and retention of permanent staff. It was noted that the

**DH/NS/
JFA/CH**

information provided in the report did not reflect the level of discussion that had taken place at the QIA Panel or where impact on quality, although high, was expected to be positive. It was agreed that the executive members of the committee would review the presentation of the output of the QIA panel within the report before this was presented to the Board of Directors.

The committee **reviewed** a report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. The committee **welcomed** the report and **praised** the thoroughness of the quality impact assessment that had been undertaken, whilst suggesting changes were made to the report to more clearly reflect the process outcomes.

24/036 Report on the Trust's response to Right Care, Right Person (agenda item 8)

Ms Quarry presented a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person (RCRP). She added that the report also described a series of actions which had been developed locally to progress this work and the governance arrangements currently in place. The committee discussed the report, agreeing that it was a helpful update.

The committee expressed concern that no timescales or additional funding had been attached to the implementation of RCRP. It also expressed concern at the potential risks identified within the report, which included colleagues not understanding RCRP and its application and gaps in system service delivery. Ms Quarry acknowledged the concerns and reassured the committee that good governance and escalation processes were in place should any issues occur. The committee was also reassured to hear that Ms Quarry sat on the overarching groups at West Yorkshire and North Yorkshire level and could therefore influence this work.

The committee queried whether the risks identified in the paper should be added to the Trust's risk register. Ms Quarry confirmed that a meeting had been scheduled in February 2024 to discuss this. The committee thanked Ms Quarry for the update provided and agreed that a further update should be provided in six months' time. It noted that an update would be provided sooner should any issues emerge. It agreed that, due to public interest and the complexity of this work, it would advise the board of this discussion via the chairs report.

AQ

The committee **received** and **discussed** a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person.

Update on the Observation and Engagement Audit (agenda item 9)

Ms Quarry presented a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. She highlighted that the audit had found both positive practice and areas for improvement and went on to outline the findings in more detail.

The committee discussed the findings, noting that the audit had identified a reliance upon temporary staff for a high percentage of observations. It acknowledged the high level of skill needed to make observations therapeutic and discussed the culture change that would be required to change practice across the Trust. Ms Quarry outlined that a training package had been developed to address this and raise awareness of the Trust's expectations around safe and supportive observations. Dr Healey noted that compliance with this training was at 48%. Ms Quarry explained that this training was due to become mandatory for inpatient staff and agreed to provide an update on compliance in three months' time. The committee went on to query whether the training package would be enough to support a culture change. Ms Quarry reassured the committee that the Positive and Safe Working Group would be leading on work to develop the leadership approach to changing culture.

NS

The committee recalled that issues with observations not being undertaken correctly had been highlighted in the final report from the Independent Review of Greater Manchester Mental Health NHS Foundation Trust. It queried whether patients had been asked for their feedback on observations. Ms Quarry explained that this audit had focused on clinical documentation, but that a video of service users and carers sharing feedback on observations was included in the training package. It was agreed that Ms Quarry should consider whether service user feedback should be collected. It was suggested that the Matrons on the ward could support this by seeking views and experiences on observations from the patient engagement groups in inpatient areas.

NS

The committee thanked Ms Quarry for the report and agreed that it was assured on the work that was being undertaken to address the issues identified by the audit. It was agreed that this report should be shared with the Workforce Committee following the discussion around temporary staff being allocated a high percentage of observations.

**NS
W/C**

The committee **received** a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. It **noted** the update provided, was **assured** the work being undertaken to address the issues identified by the audit and **suggested** that service user feedback on observations should be collected.

24/037 Report detailing the approach to the CQC fundamental standards, and the peer review process (agenda item 10)

Ms Quarry presented a report which outlined the changes that had been made to the CQC's approach to regulation and inspection. She explained that the new single assessment framework would be implemented by the CQC from February 2024, noting that the fundamental standards of care and regulations remained unchanged.

The committee noted that the evidence used by the CQC in their assessment of quality would be gathered through both on-site and off-site methods, including CQC's own analysis of national data collections. The committee expressed concern about the CQC using data that had not been provided directly by the Trust including metrics that the Trust no longer had sight of (unlike earlier sets of CQC indicators), suggesting that the committee might be unaware of data that should be acted on or that data errors could be missed. Ms Quarry acknowledged the concerns. She went on to reassure the committee that the Trust had representatives at the relevant forums and would review feedback from other Trusts as inspections took place under the new framework.

The committee thanked Ms Quarry for the update and noted the changes in the CQC's regulatory approach.

The committee **discussed** a report which outlined the changes that had been made to the CQC's approach to regulation and inspection and **noted** the information provided.

24/038 Cumulative action log (agenda item 11)

The committee reviewed the action log and agreed to close the actions that had been completed. Dr Healey thanked committee members for their efforts to ensure actions had been completed. She drew attention to action 24/011, noting that the timeline provided for the approval of the 2023/24 Quality Account did not include the dates for Audit Committee, Board of Directors, or final submission. It was agreed that this would be provided at the next meeting.

The committee discussed action 24/008. Dr Hosker suggested that updates on the progress made towards the Quality Strategic Plan should be provided every six months. The committee agreed that this would be sufficient and agreed to close the action. The committee next discussed action 24/010, which related to Structured Judgement Review (SJR) training. Dr Hosker confirmed that only one trainer had received the original SJR training, acknowledging the risks this could pose. He noted that the Head of Clinical Governance and Patient Safety was reviewing these arrangements and would be making recommendations on how to resolve this issue.

The committee went on to discuss action 23/110a, which was a request for executive committee members to consider what existing data could be shared with the committee to show the Trust's performance for timeliness, effectiveness, equitability, efficiency, and being patient centred. It was agreed that a separate meeting would be arranged to discuss this.

Dr Hosker informed the committee of a discussion that had taken place at the Mental Health Legislation Committee on 6 February 2024 about the restrictive interventions data that should be presented to each committee going forward.

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

24/039 Response to action 23/081 (agenda item 11.1)

The committee **noted** the response provided for action 23/081.

24/040 Response to action 24/015a (agenda item 11.2)

The committee **noted** the response provided for action 24/015a.

24/041 Response to action 23/178a (agenda item 11.3)

The committee **noted** the response provided for action 23/178a, acknowledging that an update on the quality improvement work around Datix reporting when rapid tranquilisation is used and the work to cross reference data on EPMA and Datix would be provided at a future meeting.

24/042 Combined Complaints, Concerns, PALS, Compliments and Patient Safety Q3 Report (agenda item 12)

Ms Quarry presented the Combined Complaints, Concerns, PALS, Compliments and Patient Safety Report which contained data from quarter three (Q3). The committee discussed the report. It agreed that that it would be helpful to receive more details on complaints, noting that the subject types provided were broad, and suggested that vignettes could be used. The committee queried how negative feedback provided through the Have Your Say feedback tool was dealt with. Ms Quarry explained that feedback was shared with the services but not followed up on. Dr Hosker noted that information on how services had responded to feedback provided through the Have Your Say tool was included in the services' Annual Quality Reports. The committee requested assurance on how an issue of significant concern raised through the Have Your Say feedback tool would be managed.

NS/JFA

The committee suggested that the following could be added to the list of items that required escalation to the Quality Committee and/or the Board of Directors: significant complaints; new claims; and complaints made to the Parliamentary and Health Service Ombudsman. Dr Healey drew attention to the information on Central Alert System and other safety communications, noting that the report only included alerts that had been issued in Q3. She recalled that an alert that was listed as open in the Q2 report was not visible in this report and queried how

SM

the committee could be assured that it had closed. The committee agreed that, going forward, the report should also include alerts that had been issued in previous quarters that had been closed since the last report or remained open.

The committee thanked Ms Quarry 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 Q3 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 the report.

24/043 Combined Quality and Workforce Performance Report (agenda item 13)

The committee reviewed the Combined Quality and Workforce Performance Report. It noted that workforce data continued to be discussed at Workforce Committee and at Board. The committee thanked the Performance Team for the improvements that had been made to this report. Ms Burns-Shore noted that it would be helpful if executive committee members could highlight any key issues or concerns when presenting the report.

The committee acknowledged that the report contained metrics that had been added due to historic concerns that had since been resolved. It agreed to review the metrics provided in this report at the informal meeting that was due to be scheduled.

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

24/044 Assurance and escalation reporting: Trustwide Clinical Governance Group (agenda item 14.1)

Dr Hosker confirmed that no issues requiring escalation were identified at the Trustwide Clinical Governance Group meeting on 1 February 2024. He confirmed that discussions had taken place on:

- Care director
- Valproate
- Out of area flow

The committee **noted** the update provided.

24/045 Update/escalation of infection control issues (agenda item 14.2)

The committee **noted** that there were no issues to escalate.

24/046 Assurance and escalation reporting: Update on industrial action (agenda item 14.3)

Mrs Forster Adams explained that no announcements had been made since the last meeting. She noted that discussions were taking place with the British Medical Association and the re-ballot of junior doctors was ongoing.

The committee **noted** the update provided.

24/047 Assurance and escalation reporting: Professions and Nursing Council (agenda item 14.4)

The committee **noted** that the Professions and Nursing Council was due to meet on 1 March 2024.

24/048 Assurance and escalation reporting: CQC Steering Group (agenda item 14.5)

Ms Quarry informed the committee of a recent peer review that had taken place at the Specialised Supported Living Service which had been a positive visit. She noted that the report was being drafted and an update on the findings would be shared at a future meeting.

Ms Quarry next informed the committee that the Trust's first collaborative peer review had taken place at Ward 2 at the Mount with Bradford District Care Trust and South West Yorkshire Foundation Trust. She outlined that it had been a positive visit, noting that the report was being finalised and an update on the findings would be shared at a future meeting.

Ms Quarry went on to outline the findings from a peer review at the Northern Gambling Service, confirming that although there had been nothing to escalate, key themes had been identified around care plans being individualised and service user involvement. She noted that a care plan audit was being undertaken which would lead to recommendations for improvements across the organisation.

The committee thanked Ms Quarry for the update and agreed that it was reassured on the work that was taking place to ensure the Trust met CQC requirements.

The committee **noted** the update provided on the CQC peer reviews and was **assured** on the work that was taking place to ensure the Trust met CQC requirements.

24/049 Assurance and escalation reporting: Any other groups (agenda item 14.6)

No updates were provided.

24/050 Any other business – Violence and aggression affecting patients (agenda item 15.1)

Dr Healey recalled that the Trust's Violence Prevention and Reduction Strategy had been approved by the Board of Directors on 25 January 2024. She noted that this strategy referred to violence and aggression affecting staff, but not patients. The committee agreed that a brief update should be provided to confirm whether a strategy was in place to systematically reduce patient-to-patient violence and aggression across the Trust, and if not, whether one should be developed. It also asked for data to be provided on patient-to-patient violence and aggression.

NS

The committee **queried** whether a strategy was in place to systematically reduce patient to patient violence and aggression across the Trust, and if not, whether one should be developed.

24/051 Any other business – Clozapine (agenda item 15.2)

Dr Healey informed the committee of a Trust media briefing that had been shared on Friday 12 January regarding an article by The Times on deaths linked to Clozapine. She queried the Trust's processes for routinely monitoring the health of service users that were prescribed clozapine. Dr Hosker explained that the Physical Health Team led on this work. He informed the committee of a review into the deaths of individuals on clozapine, noting that a report had been produced previously to provide assurance on the systems in place to monitor clozapine across the Trust which included a number of recommendations for improvements. He explained that a further audit was now being undertaken to provide assurance that the recommendations had been implemented. Dr Hosker agreed to share the original report with committee members outside of the meeting. Dr Hosker added that there had been many audits in this area to assess compliance, but no rolling audits. He agreed to confirm when a system of ongoing compliance audits had been established.

CHos

CHos

The committee **discussed** the Trust's processes for monitoring of clozapine.

24/052

Any other business – Sexual safety data and sexual safety incidents
(agenda item 15.3)

Dr Healey informed the committee of a news article by The Independent on sexual abuse and assault within mental health wards, which included data from Freedom of Information (FoI) requests to mental health trusts. She noted that the FoI request appeared to include a self-assessment of compliance with sexual safety standards, and queried whether the committee should be aware of the Trust's self-assessment of compliance if that was the case, and be aware of data provided on numbers and types of incidents affecting patients unless this had already been shared with the committee in the previous reports on sexual safety it has received. Ms Quarry agreed to review the response that was provided and share the data with the committee. She went on to reassure the committee of work that had begun to map all inpatient areas against the Sexual Safety Standards and work that would take place in the coming months for each service to benchmark itself against the Standards.

NS

The committee **discussed** a freedom of information request on the Trust's compliance with the Sexual Safety Standards.

24/053

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 strategic risks one and two on the Board Assurance Framework 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 report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken, whilst suggesting changes were made to the report to more clearly reflect the process outcomes.
- The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. It was assured the work being undertaken to address the issues identified by the audit and suggested that feedback on observations should be collected from service users.

- The committee discussed a report which outlined the changes that had been made to the CQC's approach to regulation and inspection and noted the information provided. The committee also received an update on CQC peer reviews and was assured on the work that was taking place to ensure the Trust met CQC requirements.
- The committee received a report which provided data from Q3 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 the report.

Issues to advise the Board on:

- The committee received and discussed a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person. It recognised the breadth of engagement across system partners and the potential for positive benefits. It expressed concern that no timescales or additional funding had been attached to the implementation of RCRP. It also expressed concern at the potential risks identified within the report, which included colleagues in other services not fully understanding RCRP and its application and potential gaps in system service delivery. It agreed that, due to public interest and the complexity of this work, it would advise the board of this discussion.

24/054 Items to be referred to other Board sub-committees (agenda item 16.2)

The committee agreed to refer one item to the workforce committee:

Workforce Committee - The committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed between June and August 2023 across 28 inpatient areas in the Trust. It was agreed that this report should be shared with the Workforce Committee following the discussion around temporary staff being allocated a high percentage of observations.

24/055 Suggestions for future internal audits (agenda item 16.3)

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

24/056 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 following actions ameliorated the strategic risks for which it is assurance lead:

- The request for an informal meeting to be arranged to discuss what data could be provided to show the Trust's performance for timeliness, effectiveness, equitability, efficiency, and being patient centred whilst awaiting broader quality dashboard developments.
- The request for service user feedback on observations to be collected.
- The request for assurance to be provided when a system of ongoing compliance audits had been established for clozapine monitoring.

**The next meeting of the Quality Committee will be held
on Thursday 14 March 2024 at 9.30am via Teams**