

Minutes of the Quality Committee – Part A
Thursday 11 April 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 Dawn Hanwell, Chief Financial Officer
 Dr Chris Hosker, Medical Director
 Ms Nichola Sanderson, Director of Nursing and Professions

In attendance:

Mrs Clare Edwards, Associate Director for Corporate Governance
 Ms Alison Kenyon, Deputy Director of Service Development
 Miss Kerry McMann, Head of Corporate Governance
 Mr Peter Ongley, Carer Governor (observer)

		Action
	<p>Welcome and Introduction</p> <p>Dr Healey welcomed everyone to the meeting.</p>	
24/085	<p>Apologies for absence (agenda item 1)</p> <p>Apologies were received from Mr Darren Skinner, Director of People and Organisational Development, and Mrs Joanna Forster Adams, Chief Operating Officer, who are members of the committee.</p> <p>It was noted that Ms Kenyon was in attendance to deputise for Mrs Forster Adams.</p> <p style="background-color: #cccccc;">The committee was quorate.</p>	
24/086	<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>	
24/087	<p>Approval of the minutes of the Quality Committee meeting held on the 14 March 2024 (agenda item 3)</p> <p style="background-color: #cccccc;">The minutes of the quality committee meeting held on the 14 March 2024 were agreed as a true record.</p>	
24/088	<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 14 March 2024 were suitable to be uploaded to the Trust's external website.

24/089 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.

24/090 Board Assurance Framework: SR1 and SR2 – for information only (agenda item 5)

The committee **had sight of** strategic risks one and two on the Board Assurance Framework so that it could be mindful of its responsibilities to assure that they were being adequately controlled through the course of the meeting.

24/091 Hot topics / urgent issues update (agenda item 6)

Dr Hosker reminded the committee that Dr Hilary Cass had undertaken an independent review of gender identity services for children and young people, confirming that the final report had been published on 10 April 2024. Dr Healey acknowledged that NHS England had written to the Chief Executives of NHS Trusts that provide Adult Gender Dysphoria Clinics. Dr Hosker provided an update on this, confirming that a briefing would be sent to the next Board of Directors meeting on 30 May 2024. The committee noted the updates provided.

The committee **received a brief update on** issues relating to the Gender Identity Service, including the publication of the Cass Review and a letter sent to the Chief Executives of NHS Trusts that provide Adult Gender Dysphoria Clinics, and **noted** a written briefing would be sent to Board.

24/092 Assurance on the quality impact of the Efficiency and Productivity Programme 2024 – 2025 (agenda item 7)

Mrs Hanwell presented a report which set out the amendments made to the quality impact assessment scoring of the Trust's Efficiency and Productivity Programme. The committee noted that the scores for a number of schemes had changed due to a prior misunderstanding of the scoring framework, acknowledging that in this corrected version a high score indicated an adverse quality impact, and a low score indicated a positive quality impact. Ms Sanderson and Dr Hosker confirmed that the lower scores included in this report reflected the original discussion by the Quality Impact Assessment (QIA) Panel on 19 January 2024.

Dr Healey noted that this report contained the outcomes of the QIA and queried whether equality impact assessments had been undertaken as part of this

process. Mrs Hanwell outlined that, although some schemes had identified that an equality impact assessment was required, this had not been included in the QIA process. Ms Kenyon noted that the development of an equality impact assessment process was a priority for Ms Sophie Valinakis, Head of Health Equity. Mrs Hanwell noted that she would be working with Ms Valinakis and Mrs Forster Adams on those schemes that required an equality impact assessment.

The committee next discussed the monitoring of quality indicators to ensure there were no unintended consequences. Mrs Hanwell outlined that the Financial Planning Group would lead this work and agreed that an update on this work would be provided in six months' time.

Dr Healey drew attention to the two schemes on the QIA which had a QIA score of 16 and were marked red. Mrs Hanwell reassured the committee that these scores related to risks at transition with a positive impact expected later, and so would reduce in the long term and become green. The committee queried whether the West Yorkshire Integrated Care Board (ICB) reviewed the Trust's QIA. Ms Sanderson confirmed that information had been shared with the Leeds Health and Care Partnership who would report this up to the West Yorkshire ICB.

The committee thanked Mrs Hanwell for the report and praised the thoroughness of the quality impact assessment that had been undertaken.

The committee **reviewed** a report which set out the amendments made to the quality impact assessment scoring of the Trust's Efficiency and Productivity Programme. The committee **noted** that the scores for a number of schemes had changed due to a prior misunderstanding of the scoring framework and was **reassured** that the lower scores included in this report reflected the original discussion by the Quality Impact Assessment (QIA) Panel on 19 January 2024. The committee **welcomed** the report and **praised** the thoroughness of the quality impact assessment that had been undertaken.

Mrs Hanwell left the meeting.

24/093 Assurance on the quality oversight of out of area placements (agenda item 8)

The committee **noted** that this report had been deferred to the next meeting.

24/094 Draft Quality Account 2023/24 (agenda item 9)

Ms Sanderson presented the draft Quality Account for 2023/24. She confirmed that the feedback provided at the March 2024 Quality Committee meeting would be incorporated into the document before it returned for approval in May 2024. She added that, prior to the Quality Committee approving the document, the Quality Account would be reviewed by the Unified Clinical Governance Group and the Trustwide Clinical Governance Group. The committee noted that the report would be shared with the Board of Directors at its June 2024 meeting.

The committee discussed the document and made suggestions as to how it could be improved. It agreed that it would be helpful for the committee to receive a list

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of mandatory inclusions when the document is presented for final approval at the May 2024 meeting. Ms Sanderson agreed to provide this.

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The Committee **reviewed** the draft Quality Account for 2023/24 and was **assured** on the progress made with the production of the document.

24/095 Patient Experience and Involvement Annual Report (agenda item 10)

The committee **noted** that this report had been deferred to the next meeting.

24/096 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. The committee discussed action 24/016 and noted that the list specifying the types of issues that the committee or board should have sight of would be presented to the private Board of Directors meeting on 30 May 2024.

The committee reviewed action 24/070 and was informed that discussions would take place to agree responsibilities regarding the development of the Quality Account for 2024/25. Ms Sanderson reassured the committee that the Quality Account for 2023/24 would be fully proofread prior to publication, adding that service users and carers had also reviewed the document throughout its development. The committee agreed to close this action.

The committee discussed action 24/013. Ms Sanderson reassured the committee that robust systems were in place for routinely escalating significant investigations that had not been completed within a certain timescale. The committee agreed that Ms Sanderson should define the threshold for escalation to the quality committee. It also agreed to add a standing item to the agenda as a prompt for the escalation of investigations delayed to a point of concern.

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The committee next discussed action 24/012a which related to out of area placements. For out of area placements commissioned by the Trust, the committee agreed that it should receive the same quality data from providers as it receives for patients cared for within the Trust. It acknowledged that this may take some time to become established. For out of area placements that are part of collaborative arrangements led by the West Yorkshire ICB, it agreed that assurance should be provided that the quality data from providers is reviewed by the ICB and on the processes in place to escalate issues. Ms Kenyon noted that she would speak to the Trust's partners to find out how they maintained oversight of the quality of the clinical care provided for their out of area placements. The committee agreed that this action superseded action 24/012a.

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The committee next discussed action 24/050. Mrs Sanderson confirmed that there was currently no Trustwide strategy in place to systematically reduce patient-to-patient violence and aggression across the Trust. She noted that every service had a Standard Operating Procedure (SOP) that contained details on managing violence, aggression and other behaviours that could result in harm to

service users. The committee acknowledged the effort of the Trust to protect staff from violence and aggression and agreed that this should be extended to service users. It asked the Positive and Safe Group to identify whether any aspects of the Trust's Violence Prevention and Reduction Strategy for staff could also be applied to service users and ensure these were covered by the SOPs within services.

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The committee noted that the QIA of the Trust's Efficiency and Productivity Programme would be shared with Board of Directors at its meeting on 30 May 2024 and agreed to close action 24/061. It went on to discuss and agree deadlines for a number of actions on the log.

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

24/097 Attachment to action 24/013c (agenda item 11.1)

The committee reviewed the report provided, noting that the reason for the use of restraint was being recorded in the Trust. It revisited discussion on why separating out trends by reason for restraint could be helpful, and agreed this mainly related to different initiatives which would be expected to impact on trends for different reasons for restraint (e.g. self-harm strategy and restraint to prevent self-harm) but was also because high frequency restraint in single individuals (e.g. for nasogastric feeding or personal care) could make it difficult to see underlying trends. It requested to receive a trendline showing overall use of restraint as well as trendlines showing the different reasons for restraint. It discussed whether some reasons for restraint would be easier to interpret shown separately or grouped but agreed that was difficult to decide until trends in them all had been seen. It also asked for data on how many people are restrained. Ms Sanderson agreed to provide this.

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The committee **noted** the response for 24/013c and **discussed** the data it would like to receive and how this should be presented.

24/098 Combined Quality and Workforce Performance Report (agenda item 12)

The committee reviewed the Combined Quality and Workforce Performance Report (CQPR). It noted that workforce data continued to be discussed at Workforce Committee and at Board. Dr Healey acknowledged that the report included performance against the mandated standards contained within the NHS Standard Contract and queried whether there were any new mandated standards relating to quality within the 2024/25 NHS Standard Contract.

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

24/099 Quality Committee Annual Report (agenda item 13)

The committee **reviewed** and **approved** its annual report for 2023/24.

24/100 Assurance and escalation reporting: Trustwide Clinical Governance Group (agenda item 14.1)

Dr Hosker provided an update from the Trustwide Clinical Governance Group meeting on 4 April 2024. He outlined that discussion had taken place on the Oliver McGowan training requirements and the reports of reduced prescribing of endocrine and ADHD medications in Kirklees which could impact on the treatments for some service users accessing our services if left unmanaged. He went on to inform the committee of a discussion around CareDirector and work that was being undertaken to identify any risks associated with CareDirector not being able to evolve as the Trust had expected. He noted that he would provide updates on this work as it progressed. Ms Sanderson reassured the committee that the inability for CareDirector to evolve would not impact care planning and risks assessments.

The committee **noted** the update provided.

24/101 Update/escalation of infection control issues (agenda item 14.2)

Ms Sanderson **informed** the committee that the Trust was no longer required to report its Covid-19 data nationally. The committee **noted** the update provided and suggested that this data was removed from the CQPR.

24/102 Assurance and escalation reporting: Update on industrial action (agenda item 14.3)

Dr Hosker outlined that the consultants had accepted a pay deal. He noted that the SAS doctors and the junior doctors had agreed a mandate for further industrial action. Ms Kenyon reassured the committee that the Industrial Action Planning Group continued to meet on a regular basis.

The committee **noted** the updates provided.

24/103 Assurance and escalation reporting: CQC Steering Group (agenda item 14.4)

Ms Sanderson confirmed that no issues requiring escalation had been identified at the last CQC Steering Group meeting. She noted that the group had reviewed the action plans from the quality and safety peer reviews at the Psychiatric Intensive Care Unit, the Crisis Assessment Unit and the West Intensive Support Service. She added that the Group was supporting services with the new CQC self-assessment framework and gathering information that may need to be provided to the CQC in the future via a Provider Information Return (PIR) request.

The committee **noted** the update provided.

24/104 Assurance and escalation reporting: Any other groups (agenda item 14.5)

No updates were provided.

24/105 Any other business (agenda item 15)

The committee did not discuss any other areas of business.

24/106 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 had sight of 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 set out the amendments made to the quality impact assessment scoring of the Trust's Efficiency and Productivity Programme. The committee noted that the scores for a number of schemes had changed due to a prior misunderstanding of the scoring framework and was reassured that the lower scores included in this report reflected the original discussion by the Quality Impact Assessment (QIA) Panel on 19 January 2024. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken.
- The Committee reviewed the draft Quality Account for 2023/24 and was assured on the progress made with the production of the document.
- The committee reviewed and approved its annual report for 2023/24.

Issues to advise the Board on:

- No issues to advise the Board on.

24/107 Items to be referred to other Board sub-committees (agenda item 16.2)

The committee did not refer any items to other Board sub-committees.

24/108 Suggestions for future internal audits (agenda item 16.3)

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

24/109 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 action ameliorated the strategic risks for which it is assurance lead:

- The request for improvements to be made to the way that restrictive practice data is presented to the committee.

The next meeting of the Quality Committee will be held on Thursday 9 May 2024 at 9.30am via Teams