

**Minutes of the Quality Committee – Part A**  
**Thursday 14 March 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  
 Ms Nichola Sanderson, Director of Nursing and Professions

**In attendance:**

Mrs Clare Edwards, Associate Director for Corporate Governance  
 Mr Jonathan Hodgson, Internal Audit Manager, Audit Yorkshire (for items 7 and 8)  
 Miss Kerry McMann, Head of Corporate Governance

		<b>Action</b>
	<p><b>Welcome and Introduction</b></p> <p>Dr Healey welcomed everyone to the meeting.</p>	
<b>24/057</b>	<p><b>Apologies for absence</b> (agenda item 1)</p> <p>Apologies were received from Mr Darren Skinner, Director of People and Organisational Development, who is a member of the committee.</p> <p style="background-color: #cccccc;">The committee was quorate.</p>	
<b>24/058</b>	<p><b>Declarations of any conflict of interest in respect of agenda items</b> (agenda item 2)</p> <p style="background-color: #cccccc;">No one present declared a conflict of interest in respect of agenda items.</p>	
<b>24/059</b>	<p><b>Approval of the minutes of the Quality Committee meeting held on the 8 February 2024</b> (agenda item 3)</p> <p style="background-color: #cccccc;">The minutes of the quality committee meeting held on the 8 February 2024 were <b>agreed</b> as a true record.</p>	
<b>24/060</b>	<p><b>Approval for the minutes above to be uploaded to the Trust’s external website</b> (agenda item 3.1)</p> <p style="background-color: #cccccc;">The committee <b>agreed</b> that the minutes of the quality committee meeting held on the 8 February 2024 were suitable to be uploaded to the Trust’s external website.</p>	

**24/061 Matters Arising** (agenda item 4)

Dr Healey drew attention to minute 24/035, which stated that the report on the Quality Impact of the Trust's Efficiency and Productivity Programme would be presented to the Board of Directors. She noted this was a correct record of what had been understood in the Quality Committee's discussions at that time, but since the last committee meeting, information had been forwarded that the Quality Impact Assessment (QIA) was only expected to be presented to Quality Committee. She queried whether national guidance indicated that the QIA should go to the Board of Directors. Mrs Forster Adams outlined that historically the report had been presented to a joint meeting of the Quality Committee, Workforce Committee and Finance and Performance Committee which had included almost all Board members, noting that these arrangements had not been in place since 2020 as no QIAs had been required during the pandemic response. Mrs Edwards agreed to check whether this report should be added to the Board of Directors' annual cycle of business.

The committee **discussed** minute 24/035.

**24/062 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 (BAF) so that it could be mindful of its responsibilities to assure that they were being adequately controlled through the course of the meeting.

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 strategic risks one and two were being adequately controlled through the course of the meeting.

**24/063 Hot topics / urgent issues update** (agenda item 6)

No updates were provided.

**24/064 Draft Strategic Internal Audit Plan** (agenda item 7)

Mr Hodgson presented the draft internal audit plan for 2024/25. He outlined the steps that had been taken to develop the plan, which included reviewing key risks and issues across the organisation, reviewing the Trust's Strategy and consulting with other Board sub-committees. He added that there was flexibility within the plan to reprioritise audits if needed.

The committee reviewed and discussed the plan. Mrs Burns-Shore requested that future plans be amended to include the frequency of audits for topics which were audited regularly and to confirm when an audit was last undertaken on a specific topic. The committee discussed compliance with Trust policies and

agreed it may be useful for certain policies to have an auditing requirement. Mrs Edwards agreed to consider this, noting that a follow up of the Management of Policies audit would need to be completed before this work could take place.

The committee thanked Mr Hodgson for the report. It noted the audit topics identified for 2024/25 and was assured that the internal audit plan addressed the appropriate risk areas.

The committee **reviewed** the Draft Strategic Internal Audit Plan 2024/25 and was **assured** that it addressed the appropriate risk areas.

#### **24/065 Clinical Audit Priority Plan** (agenda item 8)

Dr Hosker presented the Clinical Audit Priority Plan for 2024/25. He explained that some topics related to national audits and noted that there was flexibility within the plan to add in new topics throughout the year.

The committee was pleased to see teams working together on projects, acknowledging that an audit on headbanging had been suggested as a single site audit but would be picked up as part of a wider audit encompassing all services where this was a concern. Dr Healey queried whether an audit on restrictive practice should be added to the plan. Ms Sanderson outlined that quality improvement work was due to take place around rapid tranquilisation which would need to be completed before an audit could take place.

The committee acknowledged that audits were regularly carried out around ligature and self-harm risks in the environment and queried whether this should be reflected on the plan. Ms Sanderson explained that these audits were relatively new and so the process was still being established. Dr Hosker outlined that information on these audits should be shared with the Clinical Audit Team to ensure there was consistency across the Trust and to avoid duplication of work.

The committee thanked Dr Hosker for the report. It was assured on the priority topics for 2024/25, acknowledging that other audits and projects continued to take place across the Trust. The committee was pleased to hear of the new system for logging audits and projects to ensure there was consistency across the Trust and avoid duplication.

The committee **received** the Clinical Audit Priority Plan for 2024/25 and was **assured** on the priority topics.

Mr Hodgson left the meeting.

#### **24/066 Assurance on the quality oversight of out of area placements** (agenda item 9)

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

24/067

**Learning Disability Services Summary of Annual Quality Report** (agenda item 10)

Dr Hosker delivered a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full report had been reviewed by the Quality Information and Knowledge Group where it had been agreed that there were no issues to escalate. It requested that future presentations include an additional slide outlining the service's achievements and challenges during the year.

CHos

The committee thanked the service for its work during 2022/23. Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements.

The committee **reviewed** a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP dimensions to enable the conditions for high quality care to flourish. It was **assured** that the service had good systems in place for understanding its quality issues and to drive improvements.

24/068

**Use of data from multiple sources to triangulate themes and trends** (agenda item 11)

Ms Sanderson presented a report which outlined how services used data within clinical governance to identify themes and trends in relation to incidents, patient safety investigations, complaints, and PALS and how this information is used to drive improvements in the care delivered by the Trust. The committee discussed the information provided and explored how the report could be developed. It noted that the Heads of Clinical Governance had been asked to liaise with other organisations to gain an insight into how other Mental Health Trusts utilise dashboards within clinical governance meetings, but that the thematic understanding of an issue was often important at a Trustwide level too and extended to qualitative, as well as quantitative, data and included additional sources such as audits. The committee acknowledged its role as Champion for Hip Fracture, Falls and Dementia and agreed that the planned report on falls and fractures could be an opportunity to demonstrate how information can be combined into themes across data sources rather than arranged according to data source.

NS/WM  
/CP

The committee **received** a report which outlined how services use data within clinical governance to identify themes and trends in relation to incidents, patient safety investigations, complaints, and PALS and how this information is used to drive improvements in the care delivered by the Trust. It **discussed** the information provided and **explored** how reports that provide a thematic, triangulated view of a quality challenge could be developed.

**24/069 Learning from Deaths Q3 Report** (agenda item 12)

Dr Hosker presented a report which provided a summary of the learning from deaths within the Trust between October 2023 and December 2023. He noted that there had been 72 deaths subject to review over this period, with three meeting the STEIS recordable criteria, in accordance with the NHS England Patient Safety Incident Response Framework. The committee reviewed the mortality data and information provided within the report.

Dr Healey queried the clarity of language used in the report, drawing attention to the phrase 'code death'. She also queried the chart titled 'deaths by incident date' and the statement 'we have received no concerns in Q3 relating to deaths'. It was agreed that future reports would be amended to avoid ambiguity.

**NS**

The committee noted that the learning from quarter 3 had highlighted opportunities to improve on various areas of administration particularly around delays in sending out discharge notes. Dr Hosker agreed to provide a report summarising the work of the Clinical Directors to reduce delays in sending out discharge letters.

**CHos**

The committee was pleased to hear that the Patient Safety Team had appointed its third Patient Safety Manager and welcomed the detail on the actions taken in response to the learning from deaths. It thanked Dr Hosker for the report and agreed that it was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.

The committee **received** a report which provided a summary of the learning from deaths within the Trust between October 2023 and December 2023. It was **assured** on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.

**24/070 Quality Account - outline** (agenda item 13)

Ms Sanderson provided an update on the production of the 2023/24 Quality Account, describing the approach taken to date to develop the document. The committee reviewed the information provided and explored how the document could be further developed. Suggestions included:

- moving the service user feedback on what they would like the Quality Account to include to the beginning of the document
- removing information that is available in other public documents, such as the Trust's Annual Report
- ensuring a consistent writing style across the document, using accessible language
- reducing the number of references to meetings and instead explain what change/improvement had been achieved through the meeting.

It was noted that Dr Healey would share feedback on the learning from deaths section with Ms Sanderson outside of the meeting. The committee queried why the Communications Team was not involved in the development of this document, acknowledging its responsibility for the Trust's compliance with the

Accessible Information Standard. It was agreed that Ms Sanderson should contact the Communications Team to request support with the development of the Quality Account.

NS

The committee **received** an update on the production of the 2023/24 Quality Account. It **reviewed** the document and **explored** how it could be further developed.

#### 24/071 **Cumulative action log** (agenda item 14)

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 noted that a report summarising the findings from a thematic mortality review of patients prescribed Clozapine had been circulated via email and agreed to close action 24/051a. Ms Sanderson confirmed that an update on action 23/128 would be provided in April 2024.

The committee went on to discuss action 24/014b, which related to audits to assess compliance with clozapine monitoring. Dr Hosker explained that there was currently no rolling audit of compliance with clozapine monitoring requirements and confirmed that a rolling audit would be planned. The committee agreed to close this action, noting that any issues would be escalated through the Trustwide Clinical Governance Group.

The committee next discussed action 24/052, which related to a Freedom of Information request for sexual safety data. Ms Sanderson reassured the committee that the response provided did not include any data or information that had not already been shared with the committee. The committee agreed to close this action.

The committee went on to discuss action 24/050, which related to patient-to-patient violence and aggression. Ms Sanderson confirmed that 99 incidents had been recorded over a six-month period and agreed to provide a report on this at a future committee meeting. It was noted that an update would be provided in April 2024 as to whether a strategy was in place to reduce patient-to-patient violence and aggression.

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.

#### 24/072 **Combined Quality and Workforce Performance Report** (agenda item 15)

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. It acknowledged the figures on rapid tranquilisation, noting that quality improvement work was being undertaken in this area. The committee also noted the data around falls, acknowledging that a report on falls would be presented at a future meeting.

The committee discussed the number of medication errors reported on Datix, the number of patients detained under the Mental Health Act and bank agency spend. Dr Healey noted that the report referenced Serious Incidents and asked for the terminology to be updated.

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

**24/073 Assurance and escalation reporting: Trustwide Clinical Governance Group** (agenda item 16.1)

Dr Hosker confirmed that no issues requiring escalation had been identified at the Trustwide Clinical Governance Group meeting on 7 March 2024.

The committee **noted** the update provided.

**24/074 Update/escalation of infection control issues** (agenda item 16.2)

Ms Sanderson informed the committee that Ward 5 at the Newsam Centre had been closed for 48 hours due to an outbreak of diarrhoea.

The committee **noted** the update provided.

**24/075 Assurance and escalation reporting: Update on industrial action** (agenda item 16.3)

Mrs Forster Adams informed the committee that discussions were taking place with consultants. She added that SAS doctors had agreed a mandate for further industrial action.

The committee **noted** the update provided.

**24/076 Assurance and escalation reporting: Trustwide Safeguarding Committee** (agenda item 16.4)

Ms Sanderson confirmed that no issues requiring escalation had been identified at the Trustwide Safeguarding Committee meeting on 20 February 2024.

The committee **noted** the update provided.

**24/077 Assurance and escalation reporting: CQC Steering Group** (agenda item 16.5)

Ms Sanderson confirmed that no issues requiring escalation had been identified at the last CQC Steering Group meeting. She noted that a peer review had been completed at the General Assessment Unit at Red Kite View.

The committee **noted** the update provided.

**24/078 Assurance and escalation reporting: Professions and Nursing Council** (agenda item 16.6)

Ms Sanderson provided an update from the Professions and Nursing Council meeting on 1 March 2024. She confirmed there were no issues requiring escalation.

The committee **noted** the update provided.

**24/079 Assurance and escalation reporting: Any other groups** (agenda item 16.7)

No updates were provided.

**24/080 Any other business** (agenda item 17)

Dr Healey noted that the Culture of Care Standards for Mental Health Inpatient Services had been published since the last meeting and queried whether the committee should be updated on this. Ms Sanderson explained that the Trust had volunteered four wards for the first wave and outlined that the Trust would continue to engage with this work both locally and nationally. She confirmed that any updates on this work would be escalated through the Trustwide Clinical Governance Group.

The committee **noted** the update provided.

**24/081 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:**

- 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 the Draft Strategic Internal Audit Plan 2024/25 and was assured that it addressed the appropriate risk areas.
- The committee received the Clinical Audit Priority Plan for 2023/24 and was assured on the priority topics for 2024/25.
- The committee reviewed a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions to enable the conditions for high quality care to flourish. It was assured that the service had good systems in place for understanding its quality issues and to drive improvements.
- The committee received a report which provided a summary of the learning from deaths within the Trust between October 2023 and December 2023. It was assured on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.
- The committee received an update on the production of the 2023/24 Quality Account. It reviewed the document and explored how it could be further developed.
- The committee received a report which outlined how services use data within clinical governance to identify themes and trends in relation to incidents, patient safety investigations, complaints, and PALS and how this information is used to drive improvements in the care delivered by the Trust. It discussed the information provided and explored how reports that provide a thematic, triangulated view of a quality challenge could be developed.

**Issues to advise the Board on:**

- No issues to advise the Board on.

**24/082**

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

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

**24/083 Suggestions for future internal audits (agenda item 18.3)**

The committee **noted** the discussion that had taken place when reviewing items 7 and 8 (minutes 24/064 and 24/065).

**24/084 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 discussion that had taken place on agenda item 14 had ameliorated the strategic risks for which it is assurance lead.

**The next meeting of the Quality Committee will be held  
on Thursday 11 April 2024 at 9.30am via Teams**