

**Minutes of the Quality Committee – Part A**  
**Thursday 13 June 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:**

Miss Kerry McMann, Head of Corporate Governance  
 Mr Peter Ongley, Carer Governor (observer)  
 Ms Janet Smith, Interim Head of Clinical Governance and Patient Safety

		<b>Action</b>
	<p><b>Welcome and Introduction</b></p> <p>Dr Healey welcomed everyone to the meeting.</p>	
<b>24/140</b>	<p><b>Apologies for absence</b> (agenda item 1)</p> <p>Apologies were received from Mrs Clare Edwards, Associate Director for Corporate Governance, who is an attendee.</p> <p>It was noted that Ms Sanderson would be joining later in the meeting and, until then, Ms Smith was in attendance to deputise.</p> <p style="background-color: #cccccc;">The committee was quorate.</p>	
<b>24/141</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>24/142</b>	<p><b>Approval of the minutes of the Quality Committee meeting held on the 9 May 2024</b> (agenda item 3)</p> <p>Dr Healey drew attention to a typographical error in minute 24/118. Miss McMann agreed to amend this.</p> <p style="background-color: #cccccc;">The minutes of the quality committee meeting held on the 9 May 2024 were <b>agreed</b> as a true record, subject to one minor amendment to minute 24/118.</p>	<b>KM</b>

**24/143 Approval for the minutes above to be uploaded to the Trust's external website** (agenda item 3.1)

The committee **agreed** that the minutes of the quality committee meeting held on the 9 May 2024 were suitable to be uploaded to the Trust's external website, subject to one minor amendment to minute 24/118.

**24/144 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.

**24/145 Board Assurance Framework (BAF)** (agenda item 5)

The committee reviewed the BAF, paying particular attention to strategic risks one and two (SR1 and SR2). It noted that the BAF had been updated and had been approved by the Board of Directors on 30 May 2024. The committee was assured that SR1 and SR2 were being adequately controlled, acknowledging that the reporting of population health data remained under development.

The committee reviewed the controls for SR2 and queried whether the dates of assurance could be updated on some of the controls. It acknowledged that assurance had to come from specific sources, and agreed that, if a more recent data of assurance was not available, a note should be added to explain why the old date remained.

Dr Healey requested that in future when the BAF comes to the committee the cover sheet for the BAF outlined any actions had been agreed by the committee since it last reviewed the BAF that could ameliorate SR1 and SR2.

The committee **reviewed** the BAF, paying particular attention to strategic risks one and two (SR1 and SR2). It was **assured** that SR1 and SR2 were being adequately controlled and **acknowledged** that the reporting of population health data remained under development.

**CE**

**KM/CE**

**24/146 Hot topics / urgent issues update** (agenda item 6)

Dr Hosker informed the committee that the British Medical Association had published guidance titled 'Safe Scope of Practice for Medical Associate Practitioners (MAPs)'. He confirmed that there were no implications for the Trust as it did not have any MAPs.

The committee **noted** the update provided.

**Summary of the Children and Young People Service Line's Annual Quality Reports** (agenda item 7)

Dr Hosker delivered three presentations which provided the highlights of the Children and Young People Service Line's Annual Quality Reports, focusing on how the services had scored themselves against the Learning, Culture and Leadership (LCL) Framework and the STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions of quality to enable the conditions for high quality care to flourish. The committee discussed the information provided, noting that the full reports had been reviewed by the Quality Information and Knowledge Group.

The committee first discussed Mill Lodge. It noted that the service had recently opened an innovative day treatment facility focused on eating disorders and acknowledged the positive impacts this could have on patient flow. It noted that Mill Lodge and Red Kite View provided the same service to different populations and queried how the services remained connected to ensure shared learning. Dr Hosker explained that the services had the same Clinical Director and Head of Operations, adding that the Clinical Leads for each service attended the Clinical Lead Forum. Mrs Forster Adams noted that, due to its geographical location, Mill Lodge worked closely with the Inspire Service, which was the Children and Young Peoples Service provided by Humber Teaching NHS Foundation Trust.

The committee next discussed Deaf CAMHS. It acknowledged the challenges the service was facing relating to waiting times and the inability to meet targets around waiting times. It was pleased to hear of work that was being undertaken to improve discharge processes to enable better patient flow. The committee noted that the service's self-assessment had indicated that it was a safe service due to having a low number of reported clinical incidents, but acknowledged that a low number of reported incidents was not a measure of a safe service.

The committee went on to discuss Red Kite View. It noted the challenges being faced by the service and the additional measures that had been put in place to support the service, acknowledging that this had been discussed in detail by the Board of Directors. It was pleased to hear that the service had engaged well in a 90-day learning cycle and had seen an improvement in outcome measures. Dr Hosker confirmed this summary was accurate noting that detailed data on outcome measures had been included in the annual reports from the services.

Ms Burns-Shore pointed out that the presentations often referenced actions but did not confirm timescales or a view as to how the actions would have a positive impact on quality. Dr Hosker noted that this detail was captured within the annual reports from the services. He suggested that if committee members had an interest in a particular action, further information on this could be provided upon request. Dr Healey suggested that, for the slide on the STEEEP dimensions of quality, services could include more under 'equitable' about all protected characteristics, for example how accessible they are for wheelchair users or access to prayer rooms.

Overall, the committee was assured that the services had good systems in place for understanding their quality issues and to drive improvements, and good knowledge of their strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear

understanding of the services' strengths, weaknesses, challenges and blind spots and how issues were being managed.

The committee **reviewed** three presentations which provided the highlights of the Children and Young People Service Line's Annual Quality Reports, focusing on how the services had scored themselves against the LCL Framework and the STEEP dimensions. It was **assured** by the information provided.

**24/148 Quality oversight of OAPS that are part of collaborative arrangements led by the West Yorkshire ICB (agenda item 8)**

Mrs Forster Adams presented a paper which set out the quality oversight arrangements in place for the Provider Collaboratives for which the Trust is either lead provider for or involved in across West Yorkshire. She noted that this included the provider collaboratives for:

- Secure Services
- Regional Eating Disorders
- Children and Young People's Tier 4 Inpatient Services

The committee acknowledged the work undertaken by the Head of Commissioning to ensure quality oversight of the provider collaboratives and noted that assurance on quality was also provided to the West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative. It queried the reporting route for assurance on the quality of the provider collaboratives for which the Trust is lead provider and what role the Trust's quality committee should play in this. Mrs Forster Adams agreed to liaise with the Head of Commissioning about this and provide a written response to this query.

**JFA /  
SS**

The committee **received** and **discussed** a paper which set out the quality oversight arrangements for the Provider Collaboratives that the Trust was either Lead Provider for or involved in across West Yorkshire.

**24/149 Learning from Deaths Annual Report (agenda item 9)**

Dr Hosker presented the Learning from Deaths Annual Report for 2023/24, noting that the report also included a summary of the learning from deaths for quarter four of 2023/24.

Dr Healey noted that the title and cover sheet did not fully match the contents, as it included learning from non-fatal Serious Incidents, and requested that consideration be given to amending the title and cover sheet of future reports if non-fatal incidents continued to be in scope, noting that PSIRF developments might impact on the future content as well.

The committee queried some of the graphs within the report. Ms Smith clarified that the 'reported deaths' graph on page two of the report showed the date that deaths were reported on the Datix system, not the date that the death occurred. She noted that the 'deaths by incident date' graph on page three showed either the confirmed date of death or, in circumstances where the exact date of death

unknown, the date that the staff reporting the incident were informed of the death. She added that the figures within the graphs may differ as not all deaths were reported via Datix.

The committee noted that the number of unexpected natural deaths had risen in 2023/24. Dr Hosker pointed out that the number of deaths per quarter in 2023/24 had not significantly increased and noted that the increase in the number of unexpected natural deaths could be an issue with the categorising of deaths. Dr Healey noted that although these categories were widely used in mental health trusts, they were developed by a consultancy rather than being part of national or Royal College guidance and were not always easy to apply consistently. The committee reviewed the themes that had been identified from Serious Incidents (SI's) in 2023/24 and recalled the discussions that had taken place on these topics at its meetings. Dr Healey noted that the report was ambiguous regarding the type of reviews that had been undertaken and suggested that the report would not need to be directly clarified to the committee on this occasion as the Quality Account covering the same period should be clear as to whether the reviews undertaken were Structured Judgement Reviews, SI investigations or tabletop reviews.

The committee noted that the requirements for reporting SI's to StEIS were changing in line with national policy as part of the overall transition to the Patient Safety Incident Response Framework (PSIRF) and acknowledged that fewer reported incidents to StEIS did not necessarily mean fewer incidents had occurred. Dr Healey shared positive personal feedback from attending the Patient Safety Event that was held on 15 March 2024, in addition to the summary of the event provided in the report.

The committee thanked Dr Hosker and Ms Smith for the report. It 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** the Learning from Deaths Annual Report for 2023/24, which included a summary of the learning from deaths for quarter four of 2023/24. It was **assured** on the work ongoing within the Trust to improve mortality reporting and recording and the learning across the organisation.

Ms Sanderson joined the meeting.  
Ms Smith left the meeting.

**24/150 Report on work undertaken to reduce delays in sending out discharge letters** (agenda item 10)

The committee **received** a report which summarised the work undertaken to identify and understand the reasons for delays in discharge summaries, the plans that had been developed to address the problems and recommendations for continued monitoring, governance, and oversight. It **discussed** the report and was **assured** on the improvement work that was being carried out.

**24/151 Combined Quality and Workforce Performance Report** (agenda item 11)

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 acknowledged the addition of a new graph on page nine which showed the number of physical restraint incidents and the number of service users involved. It agreed that being able to visualise that only a small number of service users were involved in physical restraint incidents, and any changes in this, was helpful when seeking assurance on the focus of the trust's restrictive practice reduction actions.

The committee **received** the Combined Quality and Workforce Performance Report and **discussed** its content. It **thanked** the data team for adding more helpful detail on restrictive practice data.

**24/152 Cumulative action log (agenda item 12)**

The committee reviewed the action log and agreed to close the actions that had been completed. It noted the updates provided and agreed new deadlines for a number of actions on the log. Ms Sanderson confirmed that updates on the work being undertaken to review incidents of conflict behaviour across the Trust, including violence to others, self-harm and absconson, would be included in quarterly reports from the Positive and Safe Working Group. Miss McMann agreed to add this to the cycle of business.

**KM**

The committee noted that the language used in the Learning from Deaths Annual Report had been changed and agreed action 24/069a could be closed. The committee next discussed an action that had been assigned by the Audit Committee for the Quality Committee to review what liability information it received, especially regarding service user liability cases. It was agreed that this information would be added to the Combined Report.

The committee next reviewed the update provided for action 24/015b, which related to quality improvement work around Datix reporting when rapid tranquillisation was used and work to cross reference data on EPMA and Datix. Ms Sanderson confirmed that quarterly updates would be provided on this work. Miss McMann agreed to add this to the cycle of business. The committee agreed that this action could now be closed.

**KM**

Ms Sanderson drew attention to action 24/127 and confirmed that the Trustwide Safeguarding Committee was not due to meet until 18 June 2024. The committee agreed to close this action, noting that an update had been scheduled for the July 2024 meeting.

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

**24/153 Response to action 24/119 – draft Incident Reporting Guide (agenda item 12.1)**

The committee **reviewed** the information provided in the draft Incident Reporting Guide, noting that action 24/119 remained open for assurance to be provided on the systems in place to ensure the Trust fulfils mandatory reporting requirements to the Learn from Patient Safety Events (LFPSE) Service.

**24/154 Results from the committee effectiveness questionnaire** (agenda item 13)

The committee **reviewed** and **discussed** the results of the committee effectiveness questionnaire. It **noted** the developments that had been made in the last year regarding how the committee operates. It **agreed** that the committee remained effective and that no further developments were required at present.

**24/155 Assurance and escalation reporting: Trustwide Safeguarding Committee** (agenda item 14.1)

The committee **noted** that the Trustwide Safeguarding Committee was not due to meet until 18 June 2024.

**24/156 Assurance and escalation reporting: Trustwide Clinical Governance Group, including investigations delayed to a point of concern / any significant findings from investigations** (agenda item 14.2)

Dr Hosker provided an update from the Trustwide Clinical Governance Group meeting on 6 June 2024. He noted that discussions had taken place on:

- Improvement work around care planning.
- The management of risks identified by the Electronic Prescribing and Medicines Administration (EPMA) system and assurance on the management of these risks.
- The expansion of NHS 111 to improve patient access to crisis services.

Ms Sanderson confirmed that there were currently no investigations that had been delayed to a point of concern.

The committee **noted** the update provided.

**24/157 Update/escalation of infection control issues** (agenda item 16.3)

Ms Sanderson informed the committee that the Trust was planning to offer Covid-19 vaccinations to those on the Joint Committee on Vaccination and Immunisation (JCVI) priority list. She confirmed that there had been no outbreaks across the Trust since the last meeting.

The committee **noted** the update provided.

**24/158 Assurance and escalation reporting: Update on industrial action** (agenda item 14.4)

Mrs Forster Adams reassured the committee that the Trust was preparing for the junior doctor strike that would take place between 27 June 2024 and 2 July 2024. She confirmed there were no concerns about the quality of care that would be provided during this time.

The committee **noted** the update provided.

**24/159 Assurance and escalation reporting: CQC Steering Group** (agenda item 14.5)

Ms Sanderson confirmed that the CQC Steering Group had met in May 2024. She provided an update on the work that was being undertaken which included peer reviews and the gathering of documents that could be shared with the CQC if requested.

The committee **noted** the update provided.

**24/160 Assurance and escalation reporting: Any other groups** (agenda item 14.6)

No updates were provided.

**24/161 Any other business** (agenda item 15)

Dr Healey noted the requirement for NHSmail accounts to adopt multi-factor authentication (MFA) by no later than 30 June 2024. She asked what would happen to the accounts that hadn't adopted MFA by the deadline and queried whether this may be a risk for the organisation. Mrs Forster Adams agreed to raise this with Mr Ian Hogan, Chief Information Officer.

The committee discussed a recent cyber attack that had affected a number of foundation trusts in London. It agreed to add a standing item to the agenda for the escalation of any IT failures that may have had an impact on quality.

The committee next discussed the reporting route for concerns raised via the Freedom to Speak Up Guardian (FTSUG) when these relate to quality issues, including patient safety. It noted that the FTSUG reported directly to the Board of Directors and agreed that upheld concerns raised via the FTSUG related to quality issues, including patient safety, should be added to the list of items for escalation to the private meetings of the Quality Committee and the Board of Directors.

**JFA /  
IH**



The committee discussed and agreed future systems for updating the committee on IT related issues that may have an impact on quality, and on upheld FTSUG concerns that relate to quality issues, including patient safety.

**24/162 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 the BAF, paying particular attention to strategic risks one and two (SR1 and SR2). It was assured that SR1 and SR2 were being adequately controlled and acknowledged that the reporting of population health data remained under development.
- The committee received and discussed a paper which set out the quality oversight arrangements for the Provider Collaboratives that the Trust is either Lead Provider for or involved in across West Yorkshire.
- The committee reviewed three presentations which provided the highlights of the Children and Young People Service Line's Annual Quality Reports, focusing on how the services had scored themselves against the LCL Framework and the STEEEP dimensions. Overall, the committee was assured that the services had good systems in place for understanding their quality issues and to drive improvements, and good knowledge of their strengths and weaknesses in relation to learning, culture and leadership. The committee was also assured that the Executive Team had a clear understanding of the services' strengths, weaknesses, challenges and blind spots and how issues were being managed.
- The committee received the Learning from Deaths Annual Report for 2023/24, which also included a summary of the learning from deaths for quarter four of 2023/24. It discussed 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 summarised the work undertaken to identify and understand the reasons for delays in discharge summaries, the plans that had been developed to address the problems and recommendations for continued monitoring, governance, and oversight. It discussed the report and was assured on the improvement work that was being carried out.

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

**Issues to advise the Board on:**

- No issues to advise the Board on.

**24/163 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.

**24/164 Suggestions for future internal audits (agenda item 16.3)**

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

**24/165 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 completed action for additional restrictive practice data to be added to the Combined Quality and Workforce Performance Report.

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