

**Minutes of the Quality Committee – Part A**  
**Thursday 11 July 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  
Miss Kerry McMann, Head of Corporate Governance

		Action
	<b>Welcome and Introduction</b>	
	Dr Healey welcomed everyone to the meeting.	
24/166	<b>Apologies for absence</b> (agenda item 1)	
	The committee was quorate.	
24/167	<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.	
24/168	<b>Approval of the minutes of the Quality Committee meeting held on the 13 June 2024</b> (agenda item 3)	
	The minutes of the quality committee meeting held on the 13 June 2024 were <b>agreed</b> as a true record.	
24/169	<b>Approval for the minutes above to be uploaded to the Trust's external website</b> (agenda item 3.1)	
	The committee <b>agreed</b> that the minutes of the quality committee meeting held on the 13 June 2024 were suitable to be uploaded to the Trust's external website.	
24/170	<b>Matters Arising</b> (agenda item 4)	

The committee **noted** that there were no matters arising that were not either on the agenda or on the action log.

24/171

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

The committee discussed the safeguarding concerns that had been highlighted by an independent review into the Nursing and Midwifery Council's culture. Ms Sanderson outlined that she would be reviewing the support provided by the Trust to members of staff awaiting the outcomes of investigations. She noted that she would provide further details in the Report from the Director of Nursing and Professions that would be presented to the Board of Directors on 25 July 2024.

The committee **noted** the safeguarding concerns that had been highlighted by an independent review into the Nursing and Midwifery Council's culture.

Mrs Edwards joined the meeting.

24/172

**Summary of the Forensic Service Line's Annual Quality Reports** (agenda item 7)

Dr Hosker delivered a presentation which provided the highlights of the Forensic Service Line's Annual Quality Report, focusing on how the service had scored itself against 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 recalled the challenges that had been faced by the service in recent years, which included issues with culture and a lack of substantive medical staff. It noted that an independently facilitated listening exercise had been undertaken by ATTAIN with the forensic service in Leeds and acknowledged the growth of the service since this exercise. Dr Hosker noted that a proposal was due to be made to a future Executive Management Team (EMT) meeting for the additional support arrangements to be stood down and for the service to return to routine monitoring. The committee queried whether the ATTAIN model could be provided in house so other services could benefit from this and agreed that the Workforce Committee should explore this further.

The committee next reviewed the service's achievements during the reporting period, which included the development of a robust leadership team and receiving positive results from the National Quarterly Pulse Survey. Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

**WC**

The committee **reviewed** a presentation which provided the highlights of the Forensic Service Line's Annual Quality Report. Overall, the committee was **assured** that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses. The committee was also **assured** that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

24/173

**Board Assurance Framework** (agenda item 5)

The committee reviewed the Board Assurance Framework (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 but acknowledged 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. Mrs Edwards informed the committee that, following recommendations of a recent internal audit, the BAF template would be reviewed, noting that the dates of assurance would not be included in the new template. The committee noted that the updated BAF would be presented to the Board of Directors and then shared with sub-committees.

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

24/174

**Discussion on the approach to developing the Quality Account for 2024/25** (agenda item 8)

The committee discussed the approach that would be taken to develop the Quality Account for 2024/25. It considered the information included in the Quality Account, noting that some information was mandatory. It suggested that the Quality Account could be included as an appendix to the Annual Report. It was also suggested that the information provided within the Services' Annual Quality Reports could be combined to develop an overall Trust Annual Quality Report, which could also include the mandatory information.

The Committee asked Ms Sanderson and Mrs Edwards to review the Quality Account to look at whether the non-mandatory information was duplicated in other publicly available documents, such as the Annual Report and Trust Strategy, and to agree the purpose of the document. It was agreed that an update on this would be provided in November 2024. Miss McMann agreed to add this to the cycle of business.

The committee **discussed** the approach that would be taken to develop the Quality Account for 2024/25.

KM

24/175

**Update on Observation and Engagement** (agenda item 9)

The committee received an update on the work carried out in response to the findings of an observation and engagement audit that was completed in 2023. It noted the update provided on the rollout of a mandatory training package for therapeutic observations. It also noted that the Trust was planning to collect feedback from service users on their experiences of observations. Ms Sanderson explained that further feedback would be sought after compliance rates with the training had increased to assess the impact of the training. She added that work would be undertaken to review risk tolerance and threshold across the Trust and how this aligned with Trust policies for reducing self-harm.

The committee agreed that the report addressed actions 24/036a and 24/036b on the action log and agreed to close these actions. It requested timescales for the completion of the work detailed within the report. It was reassured by the update provided and agreed that it should receive further updates on the work being undertaken to improve the quality of therapeutic observations in six months and one year. Miss McMann agreed to add this to the cycle of business.

NS

KM

The Committee **received an update** on the work being undertaken in response to the findings of an observation and engagement audit that was completed in 2023. The committee was **assured** by the update provided and **agreed** that it would receive further updates on this work in six months and one year.

24/176

**Timeline for quality surveillance metrics for out of area placements being reported as a matter of routine through the Trust's clinical governance arrangements** (agenda item 10)

The committee **noted** that this report had been deferred to a future meeting.

24/177

**Infection Prevention and Control of Medical Devices Annual Report and IPC BAF** (agenda item 11)

Ms Sanderson presented the Infection Prevention and Control (IPC) Annual Report for 2023/24 and the IPCBAF. She highlighted the work and key achievements for the team during 2023/24, noting that the team had undergone a change in leadership during the year. The committee noted the links between the IPC BAF and the Board of Directors' BAF

The committee discussed the challenges that had been faced around fit testing for FFP3 masks and agreed that this should be raised at a future EMT meeting. The committee acknowledged the work currently being undertaken to produce a medical devices register, to ensure all devices were recorded and managed in a consistent way. It asked Ms Sanderson to provide assurance that equivalent systems were in place for the recording and management of anti-ligature equipment. It also agreed to ask the Audit Committee to consider adding medical devices management to the 2025/26 Internal Audit Plan. Dr Healey agreed to raise this at the next Audit Committee meeting on 16 July 2024.

NS /  
JFA

NS

FH

The committee thanked Ms Sanderson and Ms Ncube for the report. It noted that this report was not routinely shared with the Board of Directors. The committee agreed that it 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 outbreak management within the Trust.

The committee **reviewed** and **discussed** the IPC Annual Report for 2023/24 and the IPCBAF. It 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 outbreak management within the Trust.

**24/178**      **Six-monthly update on quality strategic plan** (agenda item 12)

Dr Hosker provided an update on the work undertaken to embed the Quality Strategic Plan (QSP) within the organisation. The committee welcomed the draft visualisation of the QSP which would be shared across the Trust but suggested that this could be simplified. It also suggested that visualisations could be produced specifically for individual staff groups.

Dr Healey noted that the report implied that a trust level quality and culture dashboard would be launched during 2024/25 and asked Dr Hosker to consider when this would be shared with the committee. The committee acknowledged that services would agree quality improvement priorities at a local level and asked how it could be informed of these. Dr Hosker noted that this information was included in the annual reports from the services and agreed to include this information in future presentations.

The committee thanked Dr Hosker for the update and agreed that it was assured that the work undertaken, and the work that was planned, would continue to further embed the QSP within the organisation.

The committee **noted** the work that had been undertaken to embed the QSP. It was **assured** that the work undertaken, and the work that was planned, would continue to further embed the QSP within the organisation.

**24/179**      **Safeguarding Annual Report** (agenda item 13)

Ms Sanderson presented the Safeguarding Annual Report for 2023/24. The committee discussed the report. It was pleased to hear that mandatory training figures had consistently reached the expected compliance rate and commended the flexible approaches used by the team to deliver this training. Dr Hosker drew attention to the joint safeguarding data provided in Appendix F, noting that he would raise this for discussion at the next Population Board meeting. The committee acknowledged the work that had been undertaken in response to a limited assurance internal audit report on sexual safety, noting that a follow up audit had been completed with the findings to be presented at a future Audit Committee meeting.

The committee thanked Ms Sanderson for the report and thanked the Safeguarding Team for its work during 2023/24. It noted that this report was not routinely shared with the Board of Directors. The committee agreed that it was assured on the work carried out by the Safeguarding Team during 2023/24.

The committee **received** and **discussed** the Safeguarding Annual Report for 2023/24. It **noted** that mandatory training figures had consistently reached the expected compliance rate and **commended** the flexible approaches used by the team to deliver this training. The committee was **assured** on the work carried out by the Safeguarding Team during 2023/24.

**24/180 Combined Quality and Workforce Performance Report** (agenda item 14)

The committee reviewed the Combined Quality and Workforce Performance Report, acknowledging that workforce data continued to be discussed at Workforce Committee and at Board. The committee agreed that the priorities within the Trust's Patient Safety Incident Response Framework (PSIRF) Plan, which were self-harm (attempted suicides by overdose), incidents of patient-on-patient violence and assault, and sexual safety incidents, should have a positive impact on the main issues highlighted within the report. It agreed that a report on the PSIRF priorities should be shared with the Quality Committee and Board of Directors.

**NS**

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

**24/181 Response to action 24/117a – staff survey data** (agenda item 15.1)

The committee **received** a breakdown of the staff survey results, by service, for the question '*If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*'. It **discussed** the results and **agreed** that the Workforce Committee should seek assurance that the Intention Plans developed from staff survey results were sufficiently focused on improving the quality of care provided, alongside improving staff experience. It also **agreed** that the Workforce Committee should query whether this breakdown of data could be included in the staff survey results when they are reported to the Board of Directors in the future.

**WC**

**24/182 Cumulative action log** (agenda item 15)

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.

The committee reviewed the update provided for action 24/117b, which related to bank staff and their ability to make improvements happen across the Trust. It agreed that the update did not cover the action so asked Dr Hosker to liaise with Mr Richard Wylde, Head of Improvement, about this. It agreed to close the action.

Dr Healey queried when action 23/110a would be progressed. Mrs Forster Adams confirmed that the performance data provided to the Finance and Performance Committee would be included within the CQPR from September 2024. She added that the CQPR would be aligned to the STEEEP headings from September 2024.

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

**24/183 Assurance and escalation reporting: Trustwide Safeguarding Committee**  
(agenda item 16.1)

The committee **noted** that there were no issues to escalate from the Trustwide Safeguarding Committee meeting on 18 June 2024.

**24/184 Assurance and escalation reporting: Trustwide Clinical Governance Group, including any significant findings from investigations** (agenda item 16.2)

Dr Hosker provided an update from the Trustwide Clinical Governance Group (TWCGG) meeting on 4 July 2024. He noted that discussions had taken place on:

- A range of professional update reports
- A number of reports that had also been shared with the Quality Committee
- The Seismic Project

Dr Hosker also outlined that the TWCGG had signed off new templates for risk assessments, noting that further details would be provided in the Report from the Director of Nursing and Professions that would be presented to the Board of Directors on 25 July 2024.

The committee **noted** the update provided.

**24/185 Update/escalation of infection control issues** (agenda item 16.3)

The committee **noted** that there were no issues requiring escalation.

**24/186 Assurance and escalation reporting: Update on industrial action** (agenda item 16.4)

Mrs Forster Adams **confirmed** that the Industrial Action Planning Group had been stood down. The committee **noted** the update provided.

**24/187 Assurance and escalation reporting: CQC Steering Group** (agenda item 16.5)

The committee **noted** that the CQC Steering Group meeting in June 2024 had been cancelled.

**24/188 Assurance and escalation reporting: Professions and Nursing Council** (agenda item 16.6)

Ms Sanderson provided an update from the Professions and Nursing Council meeting in June 2024. She noted that discussions had taken place on:

- The Multi-Professional Approved Clinicians pathway
- The approval of the Advanced Clinical Practitioners (ACP) Policy
- ACP Trainees in GP surgeries and the need for robust governance around this
- The approval of a Standard Operating Model for Social Workers
- Observation and Engagement training
- Work being undertaken to address a gap in enteral feeding skills

The committee **noted** the update provided.

**24/189 Assurance and escalation reporting: IT issues with implications on quality** (agenda item 16.7)

The committee **noted** that there were no issues requiring escalation.

**24/190 Assurance and escalation reporting: Any other groups** (agenda item 16.8)

No updates were provided.

**24/191 Any other business** (agenda item 17)

The committee **commended** the Trust's open rehabilitation wards at Asket House and Asket Croft for being awarded accreditation status under the Quality Network for Mental Health Rehabilitation Services for the Royal College of Psychiatrists.



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 Board Assurance Framework (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 reviewed a presentation which provided the highlights of the Forensic Service Line's Annual Quality Report, focusing on how the service had scored itself against the STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions. It recalled the challenges that had been faced by the service in recent years, which included issues with culture and a lack of substantive medical staff. It noted that an independently facilitated listening exercise had been undertaken by ATTAIN with the forensic service in Leeds and acknowledged the growth of the service since this exercise. The committee acknowledged the service's achievements, which included the development of a robust leadership team and positive results in the National Quarterly Pulse Survey.

Overall, the committee was assured that the service had good systems in place for understanding its quality issues and to drive improvements, and good knowledge of its strengths and weaknesses. The committee was also assured that the Executive Team had a clear understanding of the service's strengths, weaknesses, challenges and blind spots and how issues were being managed.

- The committee had a discussion on the development of the Quality Account for 2024/25.
- The committee received an update on the work being undertaken in response to the findings of an observation and engagement audit that was completed in 2023, which included the roll out of a mandatory training package on therapeutic observations and the collection of feedback from service users on their experience of observations. The committee was assured by the update provided and agreed that it would receive six-monthly updates on this work.
- The committee received the Infection Prevention and Control (IPC) Annual Report for 2023/24 and the IPC BAF. It noted the team's achievements during 2023/24 and thanked the team for its work. It agreed that it 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 outbreak management within the Trust.

- The committee received an update on the work undertaken to embed the Quality Strategic Plan. It was assured that the work undertaken, and the work that was planned, will continue to further embed the Quality Strategic Plan within the organisation.
- The committee received the Combined Quality and Workforce Performance Report and discussed its content. It agreed that the priorities within the Trust's Patient Safety Incident Response Framework (PSIRF) Plan, which were self-harm (attempted suicides by overdose), incidents of patient-on-patient violence and assault, and sexual safety incidents, should have a positive impact on the main issues highlighted within the report. It agreed that a report on the PSIRF priorities should be shared with the Quality Committee and Board of Directors.
- The committee received the Safeguarding Annual Report for 2023/24. It was pleased to hear that mandatory training figures had consistently reached the expected compliance rate and acknowledged the flexible approaches used by the team to deliver this training. It also acknowledged the work that had been undertaken in response to a limited assurance internal audit report on sexual safety, noting that a follow up audit had been completed with the findings to be presented at a future Audit Committee meeting.

**Issues to advise the Board on:**

- No issues to advise the Board on.

24/193

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

The committee agreed to refer the following items to other Board sub-committees:

- **Workforce Committee** – the committee noted the positive outcomes from the independently facilitated listening exercise undertaken by ATTAIn with the Forensic Service in Leeds. It asked the Workforce Committee to explore whether the ATTAIn model could be provided in house so other services could benefit from this.
- **Workforce Committee** – the committee received a breakdown of the staff survey results, by service, for the question '*If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*'. It agreed that the Workforce Committee should seek assurance that the Intention Plans developed from staff survey results were sufficiently focused on improving the quality of care provided, alongside improving staff experience. It also asked the Workforce Committee to query whether this breakdown of data could be included in the staff survey results when they are reported to the Board of Directors in the future.

- **Audit Committee** - The committee noted that the section of the Infection Prevention and Control Annual Report related to medical devices reported that a single medical devices register was now being established. It agreed to propose medical device management as a potential future internal audit proposal.

**24/194 Suggestions for future internal audits (agenda item 18.3)**

The committee **agreed** to propose medical device management as a potential future internal audit topic.

**24/195 Any actions agreed today that ameliorate the strategic risks for which the committee is assurance lead (agenda item 18.4)**

The committee **noted** the reports that had been received and the discussions that had taken place.

**The next meeting of the Quality Committee will be held on Thursday 12 September 2024 at 9.30am via Teams**