

**Minutes of the Quality Committee – Part A
Tuesday 10 September 2019 at 9.30am
in Meeting Room 1&2 at Trust Headquarters**

Present: Professor John Baker, Non-executive Director (Chair of the Committee)
Mrs Joanna Forster Adams, Chief Operating Officer
Miss Helen Grantham, Non-executive Director
Dr Claire Kenwood, Medical Director

In attendance: Ms Nikki Cooper, Head of Performance
Ms Angela Earnshaw, Head of Learning and Organisational Development
Mr Andrew Johnson, Governor – Staff: Clinical (observing the meeting)
Miss Kerry McMann, Corporate Governance Team Leader (Committee Secretariat)
Ms Sally Rawcliffe-Foo, Interim Service Manager for Liaison Psychiatry (for agenda item 6 and 17.1)
Ms Jane Riley, Chief Pharmacist (for agenda item 13)
Dr Sophie Roberts, Clinical Director for Specialist Services (for agenda item 6 and 17.1)
Mr Richard Wylde, Head of Improvement and Knowledge (for agenda items 9, 10, 11 and 12)

Action

Welcome and Introduction

Professor (Prof) Baker welcomed everyone to the meeting.

19/103 Apologies for absence (agenda item 1)

Apologies were received from: Mrs Claire Holmes, Director for Organisational Development and Workforce; and Mrs Cathy Woffendin, Director of Nursing, Quality and Professions.

Apologies were also received from: Mrs Cath Hill, Associate Director for Corporate Governance; and Ms Rebecca Le-Hair, Head of Quality and Clinical Governance; who are attendees of the Committee.

It was noted that Ms Earnshaw was deputising for Mrs Holmes.

The Committee was quorate.

19/104 Declaration of any conflict of interest in respect of agenda items (agenda item 2)

No one present declared a conflict of interest in respect of agenda items.

19/105 Minutes of the Quality Committee meeting held on the 9 July 2019 (agenda item 3)

The minutes of the Quality Committee meeting held on the 9 July 2019 were **agreed** as a true record.

19/106 Matters arising (agenda item 4)

Miss Grantham highlighted minute 19/092, Community Redesign Q1 Update Report, which discussed staff sickness and reported that this would be picked up at the Workforce Committee.

The Committee **acknowledged** the matters arising.

19/107 Cumulative Action Log (agenda item 5)

The Committee was informed of an error on the cumulative action log which stated that the action for Mrs Forster Adams to bring an updated proposal for the services annual quality and safety reports was complete. It noted that this action was not complete, and that the proposal would be presented at the next meeting on the 8 October 2019.

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

19/108 Liaison Services Annual Quality and Safety Report (agenda item 6)

Mrs Rawcliffe-Foo outlined that the Liaison Psychiatry Annual Quality & Safety Report was comprised of six individual reports for each of the contributing teams.

Firstly, she presented the Acute Liaison Psychiatric Service (ALPS) Annual Quality & Safety Report and provided a brief introduction to the service. She talked about the challenges that the service had faced in 2018/19, which included the implementation of the one hour response rate. She outlined that with increasing referral numbers, staff had found it difficult to meet the national target. She reported that a Liaison Duty Worker role had been introduced into the team to reduce pressure and assist in meeting this target. The Committee went on to discuss the environment in which the ALPS team worked in. Mrs Rawcliffe-Foo explained that the team had access to three computers and that each member of the team had been provided with an electronic tablet to facilitate agile working. She explained that, initially, there had been a number of issues with the tablets and that although these issues had now been fixed; many members of the team did not feel confident in using the devices. She reported that they were gradually being re-implemented and that feedback had been positive. Miss Grantham informed the Committee that she visited the Acute Liaison Psychiatric Service in July 2019 and praised the team.

Mrs Rawcliffe-Foo next presented the Chronic Fatigue Syndrome (CFS) / Myalgic Encephalomyelitis (ME) Service Annual Quality and Safety Report. She outlined that as a result of reduced budgets, the team was primarily comprised of part-time staff, which had led to difficulties in gaining a sense of continuity. Dr Roberts

added that it had also caused some pressure on how working hours were spent, leaving little time for reflection. Mrs Rawcliffe-Foo informed the Committee that the service had recently developed a new modular pathway, and had been working with the Continuous Improvement Team to look at its core business. The Committee agreed that there was an opportunity to learn from other services that have also been through this process, including the Autism Diagnostic Service.

Mrs Rawcliffe-Foo went on to present the Liaison Psychiatry Hospital Mental Health Team (HMHT) Annual Quality and Safety Report. She outlined the challenges that had been faced by the Team; one being that although the HMHT was a 24 hour service, the Multidisciplinary Team (MDT) worked set hours from a Monday to a Friday. She explained that this sometimes led to the 24 hour response target not being met. Mrs Rawcliffe-Foo went on to outline that another challenge faced by the HMHT was bed numbers, mainly when a service user was deemed medically fit but required ongoing mental health treatment, and therefore needed to be transferred from a Leeds Teaching Hospitals Trust (LTHT) bed to an LYPFT bed. She added that there were regular meetings between the HMHT and LTHT staff which provided the opportunity to discuss those situations. The Committee next discussed the communications of the Liaison Psychiatry HMHT's with GP's. Mrs Rawcliffe-Foo confirmed that service user notes were shared between organisations, and informed the Committee that an internal audit was being carried out on the operating procedures of Liaison Psychiatry which, when completed, should provide an appropriate level of assurance.

The Committee **discussed** the annual quality and safety reports for the Acute Liaison Psychiatric Service, the Chronic Fatigue Syndrome / Myalgic Encephalomyelitis Service and the Liaison Psychiatry Hospital Mental Health Team in detail. It **noted** the information provided.

19/109 Any Other Business – Delayed entry and exit from the acute wards (agenda item 17.1)

The Committee was **reminded** of a discussion at the last Board of Directors meeting in July 2019 around bed occupancy and the length of stay. It **agreed** that the Committee should be cited on this in the future and **suggested** that a dashboard be created for this on the Combined Quality and Performance Report that is presented to the Quality Committee.

19/110 Liaison Services Annual Quality and Safety Report (agenda item 6)

Mrs Rawcliffe-Foo presented the Liaison Psychiatry Outpatients Service Annual Quality and Safety Report. She outlined that the Service was due to be relocated but that it had not yet been confirmed where the new base would be. The Committee asked that Mrs Hanwell, Chief Financial Officer, provide further clarification on the progress of assigning a new base for the Liaison Psychiatry Outpatients Service. The Committee noted the number of referrals received and rejected for those services users whose main presenting difficulty was persistent pain. It explored the Trust's strategic ambition around psychological medicine for persistent pain, noting that there was no persistent pain pathway established. The Committee recalled that at the Board to Board meeting with LTHT on the 25 April

DH

2019, an action arose for the Medical Directors from the Trust (Dr Kenwood), LTHT (Dr Yvette Oade) and Leeds CCG (Dr Simon Stockill). Dr Kenwood agreed to re-contact Dr Oade and Dr Stockill to progress this action.

CK

The Committee next received the Annual Quality and Safety Report for the National Inpatient Centre for Psychological Medicine (NICPM). It expressed concern around the number of incidents reported involving medication. It asked Dr Roberts to speak with Ms Jane Riley, Chief Pharmacist, about carrying out a strategic review of the medicines management within the NICPM Service.

SR
JR

Finally, Mrs Rawcliffe-Foo presented the Annual Quality and Safety Report for the Psychosexual Medicine Service. She informed the Committee of plans to undertake a review of this Service. It was noted that the outcomes of the review would be presented at both a Service Development Group meeting and a Trustwide Clinical Governance Group meeting.

The Committee **discussed** the annual quality and safety reports for the Liaison Psychiatry Outpatients Service, the National Inpatient Centre for Psychological Medicine and Psychosexual Medicine Service in detail. It **noted** the information provided.

Ms Rawcliffe-Foo and Dr Roberts left the meeting.

19/111 Combined Complaints, Claims, Compliments and Incidents Quarterly Report (agenda item 7)

The Committee **received** the report and **noted** the contents.

19/112 Learning from Deaths Quarterly Report (agenda item 8)

Dr Kenwood presented the Learning from Deaths Quarterly Report. She informed the Committee that an internal event would be held on the 24 October 2019 which would focus on learning from deaths and incidents.

She next informed the Committee of a recent structured judgement review which had identified a number of inconsistencies across the geographical areas for the support and clinical management of patients prescribed Clozapine. She outlined that the result of these findings had been the implementation of a quality improvement plan, to improve the pathway.

The Committee **received** the Learning from Deaths Quarterly Report and **noted** the information provided.

Mr Wylde joined the meeting.

19/113 Quality Strategic Plan Progress Report (agenda item 9)

Mr Wylde presented the Quality Strategic Plan Progress Report. The Committee discussed the Institute of Medicines 'STEEEP model' which outlined six dimensions of healthcare quality: safe; timely; effective; efficient; equitable; and patient-centred. It asked whether the quality dashboard was aligned with the six dimensions. Ms Cooper agreed to look into this with Mr Wylde.

**RW
NC**

The Committee noted that the evidence of quality improvements and plans for future quality improvements would be a useful feature for the services' annual quality and safety reporting framework. Mrs Forster Adams confirmed that it would feature on the refreshed framework, which would be presented to the Quality Committee on the 8 October 2019.

The Committee **received** the Quality Strategic Plan Process Report. It **valued** the work that had been undertaken and **agreed** that it was starting to positively impact the culture at the Trust.

19/114 Continuous Improvement Annual Report (agenda item 10)

Mr Wylde presented the Continuous Improvement Annual Report. The Committee discussed the resource and staff turnover within the Continuous Improvement Team. It noted the importance of the link between the Continuous Improvement Team and other teams across the Trust.

The Committee questioned whether many services had contacted the Continuous Improvement Team with a desire to improve cost savings or efficiency. Mr Wylde outlined that service evaluation played an important part in this. He explained that the service evaluation workbook allowed teams to understand how they function and to identify the areas or opportunities for improvement.

The Committee **received** the Continuous Improvement Annual Report and **noted** the contents.

19/115 Clinical Effectiveness Team Annual Report (agenda item 11)

Mr Wylde presented the Clinical Effectiveness Team Annual Report. He informed the Committee that an internal audit had received significant insurance that the system for the review and implementation of NICE guidance and the monitoring of impact and outcomes within the Trust was operating effectively.

The Committee agreed that it was useful to review the Clinical Effectiveness Team Annual Report, the Continuous Improvement Annual Report and the Quality Strategic Plan Progress Report collectively. It suggested that this could form a topic at a future Leadership Forum event.

Miss Grantham drew the Committees attention to page 18 of the report, which

compared the 2017/18 scores and 2018/19 scores for practice measured against the Healthcare Quality Improvement Partnership Matrix. The Committee noted that the score 'patient, public and stakeholder involvement' had not progressed. It asked that Mr Wylde speak with Mrs Woffendin about how service user involvement could be prioritised.

RW /
CW

The Committee **received** the Clinical Effectiveness Team Annual Report and **agreed** that it was assured on the process around clinical effectiveness, but that there was little evidence on the impact that it has had on quality. Dr Kenwood **suggested** that it may be useful to include case studies in future reports to evidence impact.

19/116 **Zero Suicide Plan** (agenda item 12)

Dr Kenwood presented the Zero Suicide Plan. She outlined that it had been considered alongside the West Yorkshire and Harrogate Integrated Care System Suicide Prevention Strategy and the Leeds Suicide Prevention Action Plan.

The Committee **welcomed** the Zero Suicide Plan.

Mr Wylde left the meeting. Ms Riley joined the meeting.

19/117 **Medicines Optimisation Group Annual Report** (agenda item 13)

Ms Riley presented the Medicines Optimisation Group (MOG) Annual Report and highlighted the work that had been carried out over 2018/19. She went on to outline the work that the Group had planned for 2019/20. This included the refresh of the Medicines Optimisation Strategy and partnership working with service users to improve shared decision making around treatment.

The Committee looked at the membership attendance levels at the MOG meetings and expressed concern that there were a number of members who had recurrently sent their apologies. Ms Riley confirmed that the MOG would be reviewing its membership in order to become more effective and efficient.

The Committee next discussed intra-muscular Clozapine. It agreed that the use of intra-muscular Clozapine might not have been aligned with the Trust's values around restrictive practices. Ms Riley assured the Committee that intra-muscular Clozapine was only approved for use in exceptional circumstances as a last resort. The Committee related this to the use of mechanical restraints in exceptional circumstances, noting that a specific policy had been devised around this. It noted that on any occasions that mechanical restraints had been used, it was reported to the Quality Committee by Mrs Woffendin. The Committee agreed that a similar policy should be devised around the use of intra-muscular Clozapine.

JR

The Committee **welcomed** the Medicines Optimisation Group Annual Report and **noted** the content.

Ms Riley left the meeting.

19/118 Combined Quality and Workforce Performance Report (agenda item 14)

The Committee noted that the timely communication with GP's had increased and acknowledged that the complaints data had improved. It reviewed the workforce trends. Miss Grantham confirmed that the Workforce Committee would be looking at workforce data in detail at its meeting on the 1 October 2019.

The Committee **welcomed** the Combined Quality and Workforce Performance Report.

19/119 Assurance and Escalation Reporting (agenda item 15)

Dr Kenwood provided an update on the issues that had occurred with the Electronic Prescribing and Medicines Administration (EPMA) system and confirmed that this had been a national problem. She next informed the Committee of a report that would be presented at the Trustwide Clinical Governance Group meeting on the 3 October 2019 around staff sickness in high activity areas. The Committee noted that the report could be shared with the Workforce Committee and the Quality Committee if required.

Dr Kenwood went on to inform the Committee that the CONNECT Eating Disorders Service had continued to face challenges when working with multiple partners, dependant on the geographical footprint of the area. She confirmed that she was waiting for further details around this and would escalate when appropriate.

The Committee **noted** the updates provided.

19/120 Key Messages and/or any Matters to be escalated to the Board of Directors (agenda item 16)

The Committee **agreed** that there were no items of discussion that required escalation but that the following key messages should be shared with the Board of Directors:

- The Committee had received the Quality Strategic Plan Progress Report, Continuous Improvement Annual Report and the Clinical Effectiveness Team Annual Report and was assured on the positive progress made. It noted the importance of the links between the Continuous Improvement Team and other teams, including: Informatics; Organisational Development; and Internal Audit; and agreed that, as a Trust that promotes culture of working together, these links should be strengthened.
- The Committee had received the Liaison Services Annual Quality and Safety Report. It discussed psychological medicine in detail and noted that there was a lack of strategic direction around this.

