

**Minutes of the Quality Committee – Part A
Tuesday 12 October 2021 at 9.30am
Via Zoom**

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 Chris Hosker, Medical Director
Mr Darren Skinner, Interim Director of HR
Mrs Cathy Woffendin, Director of Nursing, Quality and Professions

In attendance: Ms Abby Boden, Head of Clinical Governance and Regulation (observing)
Mr Rob Buchanan, CQC (observing)
Ms Amanda Eagle, Deloitte (observing)
Mrs Pamela Hayward Sampson, Learning from Mortality Lead (for item 9)
Ms Laura McDonagh, Head of Operations (for item 6)
Miss Kerry McMann, Acting Head of Corporate Governance
Mr Waseem Munir, Head of Clinical Governance & Quality
Dr Gopi Narayan, Clinical Director (for item 6)
Ms Emma Oldham-Fox, Professional Practice Lead (for item 8)
Ms Linda Rose, Assistant Director of Nursing (for item 8)
Ms Sue Rumbold, Appointed Governor: Director for Children and Families Programme, West Yorkshire and Harrogate ICS (observing)
Dr Ankush Vidyarthi, Clinical Lead (for item 6)
Mr Oliver Wyatt, Head of Mental Health Legislation (for item 8)
Ms Julia Zebelys, CQC (observing)

Action

Welcome and Introduction

Professor (Prof) Baker welcomed everyone to the meeting.

21/183 Apologies for absence (agenda item 1)

No apologies were received from members of the Committee.

Apologies were received from: Ms Nikki Cooper, Head of Performance and Informatics; Mrs Cath Hill, Associate Director for Corporate Governance; and Ms Cath Wardle, Head of Clinical Governance & Patient Safety; who are attendees of the Committee.

The Committee was quorate.

21/184 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.

21/185 Approval of the minutes of the Quality Committee meeting held on the 14 September 2021 (agenda item 3)

The minutes of the Quality Committee meeting held on the 14 September 2021 were **agreed** as a true record.

21/186 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 14 September 2021 were suitable to be uploaded to the Trust's external website.

21/187 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.

21/188 Cumulative Action Log (agenda item 5)

The Committee agreed to close the actions on the cumulative action log that had been completed. It noted the responses provided for actions 21/163 and 21/174 and agreed that these actions could be closed. Mrs Forster Adams drew attention to action 20/043a which related to a review of the quality dashboard. She confirmed that Ms Cooper would work with Mrs Woffendin and Dr Hosker to ensure that the quality dashboard was aligned with the Quality Plan and the Quality Assurance Framework. The Committee noted the update provided.

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

21/189 Liaison Services Annual Quality and Safety Reports (agenda item 6)

Dr Vidyarthi and Ms McDonagh presented the Liaison Services Annual Quality and Safety Reports. The Committee discussed the reports in detail. It first discussed the challenges faced by the services in 2020/21. It noted that the Acute Liaison Psychiatry Service (ALPS) and the Hospital Mental Health Teams (HMHTs) continued to operate 24/7 throughout the pandemic. The Committee asked about the wellbeing of the members of staff in those services. Ms McDonagh explained that the ALPS and HMHTs worked together for additional resilience. She confirmed that support and supervision was offered throughout the pandemic and that staff morale remained high.

The Committee next discussed redeployment. It noted that the Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) Service, the Liaison Psychiatry Outpatient Service (LPOS), the National Inpatient Centre for Psychological

Medicine (NICPM) and the Psychosexual Medicine (PSM) Service had been stepped down for a period of time due to the redeployment of staff members and acknowledged that these services now had increased waiting times. Ms McDonagh explained that through redeployment some members of staff were able to experience other areas of the Trust and had left the service to work in these areas permanently. She stated that this had caused a high level of vacancies within the NICPM but explained that the service had a robust multidisciplinary team and that support had been provided by the ward manager and occupational therapist. Mr Skinner outlined that 92 qualified nurses were due to join the Trust in October. The Committee was assured that the vacancies were not impacting on the quality of care provided.

The Committee went on to discuss digital technology. It was informed that the use of virtual appointments had been successful for the CFS/ME Service and noted that a hybrid model would be used going forward. Mrs Forster Adams assured the Committee that the positive learning around this had been shared across the Trust. The Committee noted that the PSM Service also had a positive experience with remote consultations. The Committee was pleased to hear that research and working towards accreditation had been a focus for the services throughout 2020/21. Miss Grantham drew to attention the outcomes data for the NICPM, noting that data only on age and gender had been captured. She questioned whether there was any data on any other protected characteristics. Dr Vidyarthi confirmed that this would be provided in the 2021/22 report.

The Committee acknowledged the estates issues faced by the ALPS and the NICPM. Dr Vidyarthi explained that the ALPS team had relocated in April 2020 which had caused issues in meeting response targets. He informed the Committee that the Service was working with the Leeds Teaching Hospitals Trust to find a suitable estate. Ms McDonagh explained that the NICPM was based at Leeds General Infirmary but needed to vacate by 2024. She added that the Service was seeking clarity on funding arrangements. Mrs Forster Adams confirmed that she and the Service would be meeting with the West Yorkshire and Harrogate Integrated Care System in October to discuss this. The Committee agreed to escalate this issue to the Board of Directors.

Dr Vidyarthi informed the Committee of conversations that had been taking place around the connectivity of the Leeds Long Covid Service and the CFS/ME Service. He explained that a high number of referrals to the CFS/ME Service had been for people suffering from long covid. The Committee agreed that further discussions were required about the strategic direction for psychological medicine at place and ICS, to avoid fragmented services, and that there needed to be a refresh in thinking as part of a co-ordinated response to long covid and other chronic conditions.

The Committee went on to discuss the Specialist Liaison Practitioners Out of Hours Children & Adolescent Mental Health (CAMHS OOH) Liaison Service. It noted that there had not been an increase in referrals during 2020/21 due to the support provided by the Leeds Community Healthcare Trust. Ms McDonagh confirmed that the number of referrals had begun to increase in 2021/22. Mrs Forster Adams explained that the Provider Collaborative Lead was collating data on referrals in Leeds and West Yorkshire and confirmed that this data would be available in December 2021.

The Committee thanked Dr Vidyarthi and Ms McDonagh for the reports and thanked the Services for the work carried out in 2020/21.

The Committee **received** the Liaison Services Annual Quality and Safety Reports. It **discussed** the reports in detail.

Dr Vidyarthi, Ms McDonagh and Dr Narayan left the meeting.
Mr Wyatt, Ms Rose and Ms Oldham-Fox joined the meeting.

21/190 Restrictive Interventions Annual Report (agenda item 8)

Ms Oldham-Fox presented the Restrictive Interventions Annual Report. She outlined that there had been an increase in the overall use of restrictive interventions but highlighted that 70% of those incidents had been restrictive escort, standing restraint or seated restraint. She added that the level of severity for 99% of restraint incidents had been rated on DATIX as 'none' or 'low'. Ms Oldham-Fox went on to explain that in 2020/21 the Mental Health Legislation Team had received more contact from clinical staff to ensure that the chosen interventions were the most suitable to manage situations and that the quality of reporting had increased.

The Committee discussed the impacts that the Covid-19 pandemic had on the use of restrictive interventions, noting that at points throughout 2020/21 an increase in therapeutic activities had led to a decrease in restrictive interventions. Mr Wyatt outlined the work that had been carried out to support staff throughout the pandemic which included information being shared on the use of restrictive interventions in relation to isolation. The Committee next received an update on the progress made with the Positive and Safe Action Plan.

Prof Baker asked about the Trust's preparedness for the Mental Health Units (Use of Force) Act 2018 which was due to be implemented in 2022, specifically regarding accreditation. Mr Wyatt explained that the Trust had responded to the consultation and completed all of the preparatory work and was awaiting further guidance. Ms Oldham-Fox explained that the PMVA Team was due to attend familiarisation training and once completed would be able to apply to begin the accreditation process.

The Committee went on to discuss action 21/124a regarding the development of a Trustwide strategy on self-harm. Mr Wyatt confirmed that this had been discussed at a Positive and Safe Group meeting. He explained that attendees had been asked to raise this at other governance groups for discussion and feedback to the next Positive and Safe Group meeting. It was agreed that an update on this should be provided in six months' time.

The Committee acknowledged the improvements that had been made to the report and agreed that it was assured on the processes in place for restrictive interventions. It thanked Ms Oldham-Fox, Ms Rose and Mr Wyatt for the work carried out in 2020/21.

The Committee **received** the Restrictive Interventions Annual Report and **discussed** its content. It was **assured** on the processes in place for restrictive interventions.

Mr Wyatt, Ms Rose and Ms Oldham-Fox left the meeting.
Ms Hayward Sampson joined the meeting.

21/191 Learning from Deaths Q1 Report (agenda item 9)

Mrs Hayward-Sampson presented the Learning from Deaths Report. She outlined that there had been 75 deaths to review in quarter one of 2021/22 and provided further details. She provided a summary of the learning identified from quarter four of 2020/21. Mrs Hayward-Sampson went on to provide an update on the review of clozapine, outlining that seven of 12 reviews had been completed and no significant themes had emerged. The Committee noted the updates provided and reviewed the report.

The Committee discussed four key themes for learning from serious incident reviews that had been identified in 2020 which included: safety planning; family involvement; risk assessment; and communication. Mrs Hayward-Sampson provided an update on the work being carried out in relation to the four key themes. She also informed the Committee of work being carried out to establish the most effective way of sharing learning. The Committee agreed that it would be useful to receive an update on these areas of work in the future.

PHS

The Committee **received** the Learning from Deaths Report and **discussed** the report.

Ms Hayward Sampson left the meeting.

21/192 Update on outcome measures (agenda item 7)

Dr Hosker presented a paper which provided an update on the planned learning review of clinical outcomes. He outlined that the chosen method for the review was a 90 day innovation cycle and explained that three services had been involved in the review, these were: the Gender Identity Service; the Older Peoples' Service; and the Liaison Psychiatry Services. The Committee reviewed and discussed the paper. It acknowledged that the Council of Governors would receive an update on this work at its next meeting on the 2 November 2021.

The Committee **reviewed** and **discussed** a paper which provided an update on the planned learning review of clinical outcomes.

21/193 Safeguarding Annual Report (agenda item 10)

Mrs Woffendin presented the Safeguarding Annual Report for 2020/21. She highlighted: the work carried out in 2020/21 to strengthen the multi-agency public protection arrangements (MAPPA) arrangements; the high levels of safeguarding training compliance which had remained consistent throughout the pandemic; and personnel changes to the Safeguarding Team. The Committee reviewed the report and discussed referrals to prevent. It thanked the Safeguarding Team for the work carried out in 2020/21.

The Committee **received** the Safeguarding Annual Report for 2020/21 and **discussed** the report.

21/194 Update on Covid-19 cases across the Trust (agenda item 11)

Mrs Woffendin confirmed that as of 12 October 2021 three service users were Covid-19 positive, one member of staff was Covid-19 positive and there had been one outbreak across the Trust. She assured the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven. The Committee agreed that a verbal update on the Covid-19 booster vaccination should be provided at the next meeting.

The Committee **noted** the update provided.

21/195 Combined Quality and Workforce Performance Report (agenda item 12)

The Committee **reviewed** and **discussed** the data provided in the Combined Quality and Workforce Performance Report. It **received** an update regarding the legislation that required care homes staff to be vaccinated.

21/196 Consideration of future areas for internal audit (agenda item 13)

Prof Baker reminded the Committee that, at its November 2020 meeting, an audit to provide assurance on the quality of partnership working had been suggested. The Committee discussed this suggestion. Mrs Woffendin informed the Committee of nine quality priorities that had been agreed at a system level. She went on to explain that there would be a quality board at system level but that the membership was yet to be determined. It was agreed that the Executive Management Team should discuss the suggestion and decide whether the internal audit should be carried out.

The Committee **discussed** a suggestion previously made for an audit to provide assurance on the quality of partnership working.

EMT

21/197	<p>Non-executive Director Service Visits Quarterly Report (agenda item 14)</p> <p>The Committee reviewed the Non-executive Director Service Visits Quarterly Report and was assured of the processes in place to support service visits.</p>
21/198	<p>Quality Committee Hibernation Plan – for information only (agenda item 15)</p> <p>The Committee reviewed the hibernation plan.</p>
21/199	<p>Assurance and escalation reporting: Trustwide Clinical Governance Group (agenda item 16.1)</p> <p>Dr Hosker confirmed that there was nothing to escalate from the Trustwide Clinical Governance Group meeting. He informed the Committee that discussions had taken place around: learning from incidents; care planning; clinical outcomes; and staffing levels.</p> <p>The Committee noted the updates provided.</p>
21/200	<p>Assurance and escalation reporting: Infection Prevention and Control and Medical Devices Group (agenda item 16.2)</p> <p>The Committee noted that updates had been provided earlier in the meeting under item 11.</p>
21/201	<p>Assurance and escalation reporting: Any other groups (agenda item 16.3)</p> <p>No further updates were provided.</p>
21/202	<p>Cumulative escalations log – for information only (agenda item 16.4)</p> <p>The Committee reviewed the cumulative escalations log.</p>
21/203	<p>Any other business (agenda item 17)</p> <p>The Committee agreed that the Psychological Professions Strategy should be presented to its next meeting on the 9 November 2021.</p>

SP

Key messages and/or any matters to be escalated to the Board of Directors (agenda item 18)

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

- The Committee received Annual Quality and Safety Reports from the Liaison Services which included:
 - the Acute Liaison Psychiatry Service (ALPS)
 - the Hospital Mental Health Teams (HMHTs)
 - Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) Service
 - the Liaison Psychiatry Outpatient Service (LPOS)
 - the National Inpatient Centre for Psychological Medicine (NICPM)
 - the Psychosexual Medicine (PSM) Service
 - the Specialist Liaison Practitioners Out of Hours Children & Adolescent Mental Health (CAMHS OOH) Liaison Service

The Committee discussed the estates issues faced by the ALPS and the NICPM. It noted that the ALPS team had relocated in April 2020 which had caused issues in meeting response targets and that the NICPM was based at Leeds General Infirmary but needed to vacate by 2024. It was also informed that the NICPM was seeking clarity on funding arrangements. Mrs Forster Adams confirmed that she and the Service would be meeting with the West Yorkshire and Harrogate ICS in October to discuss this.

The Committee was also informed of conversations that had been taking place around the connectivity of the Leeds Long Covid Service and the CFS/ME Service. It noted that a high number of referrals to the CFS/ME Service had been for people suffering from long covid. The Committee agreed that further discussions were required about the strategic direction for psychological medicine at place and ICS, to avoid fragmented services, and that there needed to be a refresh in thinking as part of a co-ordinated response to long covid and other chronic conditions.

Issues for advice from the Board

- No issues for advice from the Board.

Things on which the Board is to be assured

- The Committee received the Restrictive Interventions Annual Report. It discussed the impacts that the Covid-19 pandemic had on the use of restrictive interventions, noting that at points throughout 2020/21 an increase in therapeutic activities had led to a decrease in restrictive interventions. It also received an update on the Trust's preparedness for the Mental Health Units (Use of Force) Act 2018 which was due to be implemented in 2022. The Committee was assured on the processes in place for restrictive interventions.

- The Committee received the Learning from Deaths Report which contained data from quarter one of 2021/22. The Committee discussed four key themes for learning from serious incident reviews that had been identified in 2020 which included: safety planning; family involvement; risk assessment; and communication. It was agreed that a report detailing the work carried out in relation to the four key themes would be provided to a future meeting.
- The Committee received a verbal update on the work carried out by the Infection Prevention and Control Team since the last meeting which included outbreak management and supporting staff who had been contacted by the NHS Test and Trace app. Mrs Woffendin informed the Committee that the Trust continued to undertake asymptomatic testing across all inpatient sites and that routine testing was carried out for all admissions on day one, three, five and seven.
- The Committee received the Safeguarding Annual Report for 2020/21. It noted the work carried out in 2020/21. It was informed of: the work carried out in 2020/21 to strengthen the multi-agency public protection arrangements (MAPPA) arrangements; the high levels of safeguarding training compliance which had remained consistent throughout the pandemic; and personnel changes to the Safeguarding Team.

**The next meeting of the Quality Committee will be held
on Tuesday 9 November 2021 at 9.30am via Zoom**