

REPORT TO THE TRUST BOARD IN PUBLIC
25 November 2021

Title	Quality Assurance Committee held on 8 November 2021 Committee Chair's Report
Committee Chair	Prof Dame Donna Kinnair, Non-Executive Director and Committee Chair
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Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) meeting held on 8 November 2021.

Key messages

The Committee considered a range of items which focused on quality and safety at the Trust and wished to draw the Board's attention particularly to its discussions on:

- **Quality and Safety Report: Bedford and Luton Adult Mental Health Services**
 - The service has one CCG, covers three boroughs and works across 16 different primary care networks; there are 16 community teams and a number of specialist services
 - The range of **achievements** include the introduction of nurse practitioners with 11 in training and the first three ACPs in practice; expansion of the crisis pathway to 24/7 – crisis resolution, home treatment team and crisis line – and aiming to expand the crisis cafes; funding has been received to develop older people's crisis response; bed management – ensuring inpatient beds are available locally as out of area placements are known to result in poorer experience and outcomes; introduction of a new admission screening hub
 - **Challenges** and **mitigations** include:
 - Recruitment and retention across all disciplines: targeted recruitment work particularly for medical staffing, reviewing new roles and opportunities of working with the third sector
 - Out of area section 117 aftercare: working with the CCG on high cost placements, and reviewing the needs of service users, the quality of care and least restriction
 - Impact of the loss of care home/domiciliary care staff particularly in the acute sector
 - Increase in the number of police referrals is being reviewed
 - Reviewing differences between boroughs for perinatal service, potentially linked to health inequalities
 - Difficulty in meeting the dementia diagnosis in Central Bedfordshire: increased clinics and staffing out of hours to catch up on assessments.

- **Cross Cutting Theme Deep Dive: Learning Disabilities**
 - LD is a place-based model of care with four community-based LD services across ELFT with a people participation lead working across the four services
 - The range of **achievements** during a challenging period include providing crisis care and preventing inpatient admissions; low admission rates into mental health beds; bringing the four teams together through the Trust-wide learning network; well attended event during learning disabilities week
 - **Challenges** and **mitigations** include:
 - Not being a directorate in its own right, e.g. recruitment in the Trust is place-based. Reviewing how to make best use of resources particularly sharing amongst teams
 - Using a population based approach can make it a challenge to demonstrate the outcomes with transforming care and keeping people out of hospital. Looking at how to provide assurance without a Directorate and whether a matrix management system for the flow of information is needed
 - Greenlight Working – looking at how to deliver in a way that provides best outcomes
 - Reviewing with learning and development colleagues how to roll out mandatory training for learning disabilities and autism and including

- **Cross Cutting Theme Deep Dive: Palliative Care**
 - The aim is to support people in the community, including care homes, who require palliative care. The service is for those in the last year of life and those requiring complex system management. Many of the services are provided by partners; the aim is to increase the visibility of these teams so they are accessible to our teams
 - The range of **achievements** include strong partnership working both internally and externally; responding rapidly during the pandemic to teams who had greater exposure than usual to death, dying and bereavement; pandemic has been a catalyst for reflection, innovation and change, e.g. have adapted models to deal with large caseloads
 - **Challenges** include poor recognition of when palliative care is needed; ensuring fair and equal access for all; increasing knowledge; reducing variation in end of life care and working to address this through system-wide workstreams; capacity to support people to die at home
 - **Mitigations** include work on service redesign so that palliative care is embedded within the urgent two weeks' response provision that has to be in place next year; ensuring good use of personalised care plans; bringing training expertise together for economies of scale; learning from incidents to upskill staff and develop their confidence; established an end of life steering group
 - The Committee received assurance that the learning from the Tower Hamlets review is being shared with Newham; Bedfordshire and Luton already have systems in place.
- **Patient and Carer Race Equality Framework (PCREF)**
 - PCREF is part of the Advancing Mental Health Equalities Strategy to support NHS Trusts to improve ethnic minority community experiences of care in mental health services
 - ELFT is one of four Trusts across the country that is piloting PCREF
 - Two lived experienced researchers have been appointed to help coordinate efforts
 - The aim is to partner with local organisations including the voluntary sector in boroughs to help coordinate a focus on different communities
 - The Trust has not chosen specific ethnicities due to the diversity of the populations it serves; all learning will be applied across the Trust
 - Working with the public health team on how to triangulate the data collected
 - The work will be incorporated in the new equality and diversity strategy
 - The Committee commended the emphasis of coproduction from the start.
- **Patient Safety Report 1 August – 30 September 2021**
 - There were no independent reviews or panel reports
 - 21 serious incidents (SIs) identified of which 16 related to adult deaths of service users and one to the death of a child
 - Focused plan of action introduced to improve the timescales of reporting SIs by year end including the recruitment of four additional investigators, development of an escalation system and regular Executive oversight and monitoring meetings
 - The Committee received assurance that work is under way on ensuring the learning from 48 hour reports is shared with staff.
- **Learning from Deaths Report Q2**
 - There were 464 deaths of service users of which 61 were unexpected and 46 of these were not patient safety related; 16 resulted in enquiries; four learning disability deaths - all were notified to the Learning Disability Mortality Review (LeDeR)
 - Of the expected deaths, Structured Judgement Reviews (SJR) were completed in 240 cases with one case being escalated as an SI
 - The Committee was pleased to note that all the patients on end of life pathway had died in their preferred place of death.
- **Board Assurance Framework Risk 4 Improved Experience of Care:** The Committee:
 - Commended the improvement and continued development of the BAF reporting format which has made the information clearer and easier to read

- Requested that the BAF is strengthened to reflect the range of work being undertaken to share learning including, for example, the establishment of the Patient Safety Forum
- Agreed no changes to the risk wording or risk scores, and received assurance that appropriate controls are in place and operating effectively.

- **Revalidation of Doctors**

- In March 2020 all medical appraisals were suspended for one year by the GMC because of the pandemic and were resumed in September 2020 on a flexible basis
- The Trust uses the Royal College of Psychiatrists 360° appraisal system for feedback from service users and colleagues, and Equiniti system for doctors who are not psychiatrists
- Arrangements for appraisal have been expanded to ensure that those doctors holding appointments as honorary consultants with the Trust are appraised and revalidated in the same way as ELFT-employed consultants
- The Trust is also ensuring that all doctors working for ELFT, including agency locums and salaried GPs, are compliant with the appraisal/revalidation process
- The Trust completed its last Annual Organisational Audit in June 2020 – no issues identified in our practice that required remedial action. NHSEI suspended this requirement for 2021
- The Committee approved the statement of compliance confirming that the Trust is complying with the Responsible Office Regulations, having been assured of the work plan to achieve 100% appraisal target (a copy of the full report is available on request)
- The Committee noted the intention to present an annual clinical workforce paper at the January Board which will include assurance on the revalidation of the clinical workforce.

- **Quality Committee Assurance Report**

- The QAC requested an update report at its meeting in January on the progress with clearing the backlog of DBS checks.

Previous Minutes

The approved minutes of the meetings held on 6 September 2021 are available on request by Board Directors from the Director of Corporate Governance.