

**REPORT TO THE TRUST BOARD IN PUBLIC**  
**27 January 2022**

<b>Title</b>	Quality Assurance Committee held on 10 January 2022 - Chair's Report
<b>Committee Chair</b>	Prof Dame Donna Kinnair, Non-Executive Director and Committee Chair
<b>Author</b>	Cathy Lilley, Director of Corporate Governance

**Purpose of the report**

To bring to the Board's attention key issues and assurances focusing on quality and safety discussed at the Quality Assurance Committee (QAC) meeting held on 10 January 2022.

**Key messages**

- **Quality and Safety Report: Primary Care**
  - Success and achievements include:
    - Improved CQC rating for Leighton Road Surgery from inadequate to good across all domains and within 18 months
    - People participation strategy development and implementation, CQC readiness programme, unified directorate-wide policies, primary care intranet and directorate handbook
    - Development of Primary Care Skills Academy to be launched in the spring
    - Using a 'change please' bus for outreach to help end homelessness
    - Building QI capacity and expertise; QI projects include Dialog
  - Variations include:
    - Corporate support including access to quality assurance for CQC readiness; resourcing support; digital use and estates
    - Datix is new to general practice and is still being embedded
    - Quality and finance issues are inter-related, e.g. increasing cases of long Covid has a significant impact on costs within small budgets, and also an impact on the team
    - Clinical quality and safety are dependent on the ability to attract, recruit and retain staff
  - Challenges and risks include:
    - Staff wellbeing, exhaustion and work related stress – due to the pandemic and the vacancy challenges
    - Difficulty finding senior experienced staff, recognising the need to think differently about how to make this succeed and that there is not an immediate solution
    - As this is a new directorate, the Trust is learning how to support primary care and this requires the creation of new corporate assurance structures
  
- **Cross Cutting Theme Deep Dive: Older Adults**
  - This is a borough-based service model and include five community mental health services, five dementia services and four inpatient wards dealing with dementia and functional mental illness, and one continuing care ward run jointly by mental health and community health services
  - There has been a focus and success on reducing violence on wards, reducing dementia waiting times, reducing the length of stay and delayed transfers of care, and reducing out of area admissions – in some cases using a QI approach
  - The reduction from nine to three inpatient wards has enabled more investment into community services and able to provide more intense care for inpatients whose average stay is 30-40 days, instead of up to 90
  - Key challenges include the backlog on elective waiting lists for memory clinics as the service was on hold during the first wave of the pandemic; the delays in assessments across community and mental health teams; high demand for inpatient care; staffing issues within community teams

- A range of actions are being taken including additional funding identified to help with the backlog; focusing on increasing the physical health expertise on wards to enable more holistic care; working with local authority partners to improve discharge times
  - The Committee particularly noted that dementia service waiting times are a huge challenge and currently not an acute priority.
- **Waiting Times Review:** The report provides assurance on the overall performance of the Trust in managing waiting times, increased demand and backlogs that have emerged during the pandemic:
    - The understanding of waits and backlogs is improved compared to the previous year with all teams having access to real time data
    - There are some areas of challenge where further work is being undertaken, notably Learning Disabilities
    - Services have produced recovery plans and have started to implement a range of initiatives to manage waiting lists and mitigate risks using a QI approach which is resulting in some improvements
    - All services are expected to provide information to service users so they are informed of the length of wait and what other services they can access
    - Key learnings include the need for a system-wide approach
    - *A detailed report is being presented with the performance report at the January Trust Board meeting in public*
- **Winter Planning Update inc Vaccinations/Flu: Quality and Safety Lens:** The Committee received assurance on the work taking place to manage the impact of the Covid resurgence and the requirement for staff to be double vaccinated:
    - Omicron has posed some significant challenges which have caused huge disruption due to both patients and staff testing positive; there are also system pressures due to vacancies and people isolating
    - On 30 December the NHS were put back on to level 4 incident management and Gold command was stepped up
    - Teams have responded well and to date all services are reporting as safe from a clinical and patient safety perspective; no services have been scaled or stood down or wards closed
    - As part of the level 4 there has been an ask to support people from acute into step down community beds, resulting in additional pressure on community services
    - All services have held on to the lessons learned from the first and second waves which has helped to respond in a timely way
    - There remains a high demand for mental health services and beds
    - Working on a timeframe of 1 April for all staff to be double vaccinated. Staff are being provided with information and support to help inform a decision. There is a focus on treating staff with kindness, compassion and dignity
    - Staff are being encouraged to take up the flu vaccine; 52% of staff have received their flu vaccine to date.
- **CQC Update**
    - The CQC inspections have been completed, following some desktop reviews and interviews with service leads and members of the Board
    - Feedback from the CQC highlighted our culture, consistency and the approachability of members of the Board as well as the growth and depth of people participation, and how this assisted the Trust during the pandemic. The service user accreditation was commended along with the growth and embedding of QI across the Trust, the collaborative approach to the Trust's strategy refresh, work related to mass vaccination in NEL and our partnership working in general
    - Feedback also highlighted the acknowledgement of our challenges and the plans put in place around these including issues around patient safety, estates strategy refresh and digital innovations

- Assurance on the implementation of the action plan will be managed via the QAC and will include recommendations and learning from the Deloitte well-led review when received as well as the recommendations following the CQC Leighton Road Surgery inspection
  - *A detailed report is included as an agenda item at the January Trust Board meeting in public.*
- **Bedford Mortality Review:** This report provides a thematic review of unexpected deaths under the care of the Trust in Bedfordshire and Luton for the period April 2020 – March 2021:
  - The time period includes the three national lockdowns/periods of restriction due to Covid
  - and to ensure similar issues are not occurring elsewhere in the Trust
  - The report identifies themes and trends on the characteristics of the people who have died, the services they used, and the care and treatment that was provided to them
  - There is a downward trend over time of the overall number of SIs
  - The demographic characteristics of those that completed suicide reflect the national picture where males account for 75% of suicides and the age demographic with the highest rates of suicide are the 45-65 year olds
  - Assurance was provided that learning from the review has been shared, acted on and used to inform ongoing work around suicide prevention in Bedfordshire and Luton
  - *A detailed report is included as an agenda item at the January Trust Board meeting in public.*
- **Excess Deaths from Covid:**
  - The report provides an analysis of Trust data on deaths of people in contact with ELFT services during the first two waves of the pandemic
  - The report helps to understand the scale of impact of the pandemic on the people we serve, and to help identify opportunities to reduce risks for our service user populations in future
  - Currently it is not possible to undertake any comparison or benchmarking as national data is not available or accessible across the ICS
  - The report highlights that service users are particularly vulnerable to the direct and indirect effects of the pandemic, and that preventative approaches to population health are an important way to reduce population health risks and must remain a core part of the Trust's strategy
  - *A detailed report is included as an agenda item at the January Trust Board meeting in public.*
- **Prevention of Future Deaths Notice**
  - A PFD notice was received on 21 October 2021 relating to the suicide of a service user in Hackney mental health services
  - Two issues were raised by the coroner: Hackney crisis line and late arrival of evidence to the Court, and a full response was submitted to the coroner within the deadline
  - Assurance was provided that a range of actions are in place to address the issues raised and to ensure similar issues are not occurring elsewhere in the Trust
  - *A detailed report is included as an agenda item at the January Trust Board meeting in public*
- **Patient Safety Update 1 October – 31 November 2021:**
  - Report provides assurance that following reviews, issues and learning are being taken forward and monitored through action plans
  - Challenges with completion of reports due the high level of staff absences. The position is monitored at weekly grading meetings
  - One of the themes from the reviews is that service users are impacted by other factors other than mental health and highlighted the need to pay more attention to physical health.
- **Guardian of Safe Working Q2 Update**
  - Assurance was provided that work schedules are compliant with the junior doctor contract
  - 35 reports in the quarter and seven breaches of contract rules
  - 203 vacant shifts required locum cover; 18% were covered by agency doctors.

- **Board Assurance Framework: Risk 4 – Improved Experience of Care**

*Risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm*

- The Committee requested that a narrative on the impact on each service is included alongside the data in future BAFs
- The Committee agreed that appropriate controls are in place and operating effectively and that there are no changes to the risk scores.

- **Complaints Update 1 April – 30 September 2021**

- Increase in the number of complaints during the reporting period from an average of 40 per month to 88
- 245 formal complaints were received and 251 were closed
- 54 open complaints with 14 now overdue
- There has been a focus on improving the management of complaints including the restructuring of the complaints team with dedicated senior oversight, live complaints tracker and weekly meetings with the Director of Nursing. In addition, the work on reducing the backlog of over 100 complaints (with 92 now closed) has resulted in a number of initiatives and mitigations to ensure complaints are managed well
- Assurance provided that there is service user involvement in decisions and also involvement in learning events
- The Committee requested:
  - The planned review of the complaints structure also covers the re-opening of complaints and the level of satisfaction with complaint handling
  - The terms of reference for the NED review of complaints is agreed
  - Future reports to also include the impact of implemented improvement actions.

**Previous Minutes**

The approved minutes of the meeting held on 8 November 2021 are available on request by Board Directors from the Director of Corporate Governance.