

Quality Assurance Committee

DRAFT Minutes of the Quality Assurance Committee
held on Thursday, 1 November 2018 from 13:00 – 15:30
in the Boardroom, Robert Dolan House, Alie Street, London E1 8DE

Present:

Mary Elford	Non-Executive Director & Committee Chair
Ken Batty	Non-Executive Director
Paul Calaminus	Chief Operating Officer and Deputy Chief Executive London
Dr Navina Evans	Chief Executive Officer (left after item 7)
Mason Fitzgerald	Director of Planning and Performance
Marie Gabriel	Trust Chair
Dr Paul Gilluley	Chief Medical Officer
Clive Makombera	Director RSM, Internal Audit
Jenny Kay	Non-Executive Director
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse

In attendance:

Cathy Lilley	Associate Director Corporate Governance
Dr Dudley Manns	Medical Director Bedfordshire and Luton (part)
Claire McKenna	Director of Nursing (part)
Dean Henderson	Borough Director, City and Hackney (part)
Rosalind Tatam	Corporate Minutes Taker

Apologies:

Steven Course	Chief Finance Officer and Deputy Chief Executive Bedfordshire & Luton
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The minutes are produced in the order of the agenda

1 Welcome and apologies for absence

- 1.1 Mary Elford welcomed all to the meeting, especially Dr Dudley Manns and Claire McKenna, who were attending to present their report.
- 1.2 An apology was received as noted above.

2 Declarations of Interest on Items on the Agenda

There were no declarations other than those in the standing list of declarations.

3 Minutes of Previous Meeting held on 10 September 2018

The minutes of the meeting held on 10 September 2018 were **APPROVED** as a correct record.

4 Action Log and Matters Arising from the Minutes

- 4.1 The Committee noted the updates to the Action Log and noted in particular:
 - The thematic report on lapses in record-keeping standards, and an update on the actions being taken to ensure the standards are embedded within the Trust's

safety culture, will be brought to this Committee in February

- The Board Development Session in February will include an update on Integrated Care, looking at the Trust's ambition, and the systems and processes required to deliver this. The Corporate Services DMT in November will also be focusing on population health outcomes.

4.2 In respect of the Minutes, the Committee was assured that:

- There has been a good response to date to the 'flu immunisation programme
- Planning for improvements to the ward environment (including enabling good sleep) and activities is preceded by service user consultation (avoiding assumptions on service user preferences)
- The Service-User Led Standards Audit questions are no longer applicable, but the new accreditation tool will be piloted early in 2019
- Internal Audit is reviewing the Corporate and the Directorate Risk Registers, and will also review the feedback to this Committee on the timeliness of actions
Action: Clive Makombera
- The 'assurance' column on the Board Assurance Framework: Clinical Risks will be updated to include 'follows NICE Guidelines'
- Automated text messages to remind users about forthcoming appointments are likely to be used by the majority of services in the next eighteen months.

4.3 There were no other matters arising not otherwise on the agenda.

5 Quality and Safety Reports: Adult Mental Health Services

5.1 Quality and Safety Report: Adult Mental Health Services Bedfordshire and Luton

5.1.1 Dr Dudley Manns and Claire McKenna presented the report which focused on the key quality issues in the Bedfordshire and Luton Directorates covering Adult Mental Health and Services for People with Learning Disabilities.

The Committee noted:

- Significant progress made on physical health needs of the Trust's service users and population health initiatives, including interventions to patients who smoke or misuse alcohol, access to annual health checks, offer of mindful exercise classes, etc
- Piloting of a peer-led Dialectical Behavioural Therapy (DBT) group
- Sustained improvements in Violence Reduction
- Improvements due shortly to the system for receiving timely pathology results in the community
- QI project to reduce doses of anti-psychotic medicine for all users including those with Learning Difficulties
- Pathways2Recovery's software is being piloted to track and analyse service user deaths on a monthly basis
- The spike in serious incidents; however the thematic analysis has not identified any pattern
- Service users understandably found repeated cancellation of their appointments frustrating (occasioned, for example, by the non-availability of Locums at short notice).

5.1.2 In discussion the Committee noted:

- Records of DNAs and appointment cancellations are maintained
- Concerns over recruitment of consultants and locums and actions being taken to address this challenge are being monitored by the Appointments & Remuneration Committee
- There has been some progress, however, with the appointment of consultants in the Directorates

- Measures to reduce staff resignations have led to a greater retention rate among nurses
- Suicide prevention work is incorporated into the population-wide initiatives
- The quality of care provision in Tower Hamlets has noticeably benefitted from the Partnership arrangement, and the model could be commended to the Bedfordshire and Luton Clinical Commissioning Group
- Trust-wide working together and information-sharing has become fully embedded across all geographical areas over the last eighteen months
- A review of the workload of care co-ordinators to be brought to this Committee during 2019, with reference to the challenges of safe staffing levels in the community, and the variety of safeguarding cultures in different Local Authority areas
Action: Paul Calaminus
- The Directorate's statutory and mandatory training data to be emailed to Committee members
Action: Michelle Bradley
- City and Hackney's jointly drafted policy setting out the criteria for raising a Section 42 safeguarding concern will be circulated as a model
Action: Dean Henderson
- Quality and Safety Reports to this Committee to employ the standard format.
Action: Lorraine Sunduza/Cathy Lilley

5.1.3 The Committee **RECEIVED** and **DISCUSSED** the presentation, and thanked Claire and Dudley for their personal contribution and commitment; members also asked that the staff be thanked (especially for their adherence to consistent follow-up from discharge).

5.1.4 Claire McKenna and Dr Dudley Manns left the meeting after this item.

5.2 Quality and Safety Report: Adult Mental Health Services City and Hackney

5.2.1 Dean Henderson was welcomed to the Committee. He presented the report on the Adult Mental Health Services in City and Hackney and highlighted:

- Significant reduction in the levels of violence on inpatient wards
- Responses to the high rate of psychiatric morbidity (often with poor physical health) have included the two-monthly information-sharing of an analysis of incidents and themes, the enhanced Crisis Pathway, and the Street Triage Scheme in the City of London
- Recovery College courses are highly valued and are co-produced with service users
- Closures of the Chronic Fatigue Service and of Cedar Lodge
- Planning for support to 'older gay men', given their heightened death rate
- Some of the ongoing challenges, including:
 - Statutory and mandatory training rates affected by the transfer across of staff in Learning Disabilities (whose rate is shown as zero) and by ongoing frustrations with using the OLM system
 - Increasing the use of feedback to shape and improve services.

5.2.2 In discussion the Committee noted:

- The substantial improvements to using OLM, the user-friendly guides, and to the revised list of courses required following the comprehensive review of the Training Needs Analysis, have been piloted successfully and will become available to all staff
- Under-reporting of supervision and appraisal rates may be significantly reduced by devolving the recording responsibility to teams
- The Complaints Team is reviewing the feasibility of new categorisations (currently the stark 'upheld', 'partly upheld' and 'not upheld') for future reporting
- The protocol for protecting children who may be at risk from an adult service

- user in the household is being re-visited
- Assurance for the jointly commissioned Learning Disabilities Partnership is measured against the agreed Key Performance Indicators.

5.2.3 On behalf of the Committee, Mary Elford thanked Dean for the helpful presentation that demonstrated the significant achievements during the last year.

5.3 The Committee **RECEIVED** and **DISCUSSED** the report.

5.4 Dean Henderson left the meeting after this item.

6 Cross Cutting Themes: Restraints / Restrictive Practice

Item deferred to a future Committee meeting.

7 CQC Update Report

7.1 Lorraine Sunduza presented the report on the work of the CQC and the Trust's position. She highlighted:

- The Trust's quarterly relationship meeting with the CQC who had not expressed any acute concerns with the quality and safety of Trust services
- The CQC's new Insight system, designed to hold and analyse all the Trust's datasets, and from which a quarterly report is issued; this forms the basis of the agenda for the quarterly engagement meetings
- Well-led Inspections will in future be carried out annually, and be shorter in duration with potentially only one day spent on site and engagement with staff will be through 'engagement stands' at key locations as well as through other Trust-organised events
- A Provider Information Request normally precedes the annual inspection by around three months (in 2017 this was received in early November, with the Well-led Inspection being in April 2018)
- Inspection leads are to be invited to attend both parts of a Trust Board meeting
- The reports on Quality Improvements in hospitals nationally, improved sexual safety on mental health wards, and the safer management of controlled drugs.

7.2 In discussion the Committee noted:

- The review of the sexual safety of staff and inpatients is being carried out in Forensics and in Newham, and will be reported to Quality Committee in December
- Overdue target dates in the Update Report may reflect a lack of capacity to verify the information provided rather than lack of action by services; it is anticipated this task will be completed before the end of December
- The Trust was involved in both internal and external peer reviews, working with Barts Health NHS Trust and Frimley Health NHS FT
- The next focused CQC inspection is likely to be of Community Health Services, followed perhaps by a range of systems in a particular locality.

7.3 The Committee **RECEIVED** and **DISCUSSED** the report.

8 Quality Impact Assessments (QIA) for 2018/19 Cash Releasing Efficiency Schemes (CRES)

8.1 Paul Calaminus presented the detailed report on the QIAs for the CRES in the current financial year.

The Committee noted:

- The QIA review process including the review by the Chair of the QAC and

involvement of two Governors

- The assurance that mitigations have been identified to address the impact of change; this will be monitored through Quality Committee on a six-monthly basis.

8.2 In discussion the Committee noted:

- The 'selling' of spare bed capacity to other Trusts had not affected local service users but feedback indicates that the experience of those admitted from outside the area requires improvement, for example, the provision of information on the local area and arrangements for family and friends to visit
- The helpful information and analysis, and that this would be included as a regular agenda item on the QAC forward plan.

8.4 The Committee **RECEIVED** and **NOTED** the report.

9 **Board Assurance Framework (BAF): Clinical Risks**

9.1 Paul Calaminus and Lorraine Sunduza presented the two risks on the Board Assurance Framework relating to the strategic outcome *improved experience of care* for which the Quality Assurance Committee has been assigned as the lead committee. Paul described the mitigating plans for the two risks, and the ongoing refinements to the interactive process between these sections of the BAF and the dashboards.

9.2 In discussion, the Committee affirmed the assessment provided and the progress made. It requested that, where a revised Target Score (the Score being made up of consequence times likelihood) was provided, the calculation should also be set out.

9.3 The Committee:

- **RECEIVED** and **DISCUSSED** the report
- **AGREED** there were no changes to the risk scoring
- **AGREED** that appropriate controls are in place and operating effectively.

10 **Internal Audit Progress Report (November 2018) and Internal Audit Reports on Fire Safety and Mental Health Act**

10.1 Clive Makombera presented the Internal Audit Progress Report together with the final reports on their Audits of Mental Health Act ('Partial Assurance') and Fire Safety ('Reasonable Assurance').

10.2 In relation to the Mental Health Act Audit, the Committee noted:

- The increase in the total number of admissions under detention is consistent with the national trend
- The potential interplay between the shorter lengths of stay and the number of emergency admissions will be considered by the Quality Committee
- Reporting arrangements to be reviewed to ensure that there are appropriate information flows to the Quality Assurance Committee and the Board.
- **Action: Lorraine Sunduza/Cathy Lilley**

10.3 In relation to the Fire Safety Audit, the Committee noted:

- Newham directorate had been included in the Fire Safety Audit. The question of whether ELFT will conduct Fire Safety Audits on sites it uses but does not own will be covered as part of the 2019 audit review
- An enhanced risk of fire is concomitant with having building works carried out
- The extended wait for Induction training has been reduced, and a strategic review of the process for induction of new staff and of students is in place
- The responsibility of NHS Property Services to undertake audits for its sites; however, it may provide more assurance if an audit of safety across all the

- buildings used by but not owned by the Trust is conducted
- Progress with management actions following the audit is on schedule.

10.4 The Committee **RECEIVED** and **NOTED** the report.

11 Freedom to Speak Up

11.1 This report will be presented to the Trust Board at its November 2018 meeting.

12 Quality Committee Exception Report (October 2018 meetings)

12.1 Lorraine Sunduza presented the Quality Committee exception report for the meetings held in October 2018.

12.2 The Committee noted:

- The pleasing increased use of the Skyguard lone working safety devices, alongside a similar 'phone-based app.
- The NHS England Business Continuity Annual Assurance process made no reference to Brexit
- Requirements in respect of a possible flu pandemic and of Control of Substances Hazardous to Health (COSHH) are likely to be met by February 2019.

12.3 In discussion the Committee noted:

- The Trust's response to the 2018 Community Mental Health Service User Survey will focus on the non-CPA cohort, working closely with the People Participation Directorate Leads
- Marie Gabriel asked for a briefing on the proposed engagement model.

Action: Lorraine Sunduza / Marie Gabriel

12.4 The Committee **RECEIVED** and **NOTED** the report.

13 Quality Assurance Committee Forward Plan through to December 2019

13.1 The Committee endorsed its Forward Plan 2018/19, as circulated in advance, noting that the urgency and applicability of reports will be taken forward as part of a wider governance review of the information requirements and flow between the Board and its standing committees. The revised template for the Quality and Safety Reports would be adopted and where there are two directorates presenting, a covering report highlighting common issues would be presented for the Committee's consideration.

Action: Lorraine Sunduza / Dr Paul Gilluley / Cathy Lilley/

The Trust Chair added that the governance review will also include ensuring appropriate Committee membership to ensure the best use of both Non-Executive Directors and Executive Directors' time.

14 Any Other Business

14.1 It was noted that Mary Elford plans to attend the Quality Committee in December.

14.2 Cathy Lilley apologised for the late despatch of some of today's reports. She outlined proposed changes to report development and management of the administrative procedures for Board papers and those for its Committees to ensure timely circulation of information. A review the strategic statutory and regulatory requirements will also be undertaken to ensure the Board's compliance and appropriate assurance required is received.

14.3 There were no additional items.

15 Issues to be Brought to the Board's Attention

15.1 The Committee agreed the following issues be brought to the Board's attention:

- Significant progress on physical health and population initiatives in Bedfordshire and Luton Adult Mental Health Services
- The statutory and mandatory training levels in City and Hackney, and Bedfordshire and Luton were below target; however, there have been substantial improvements to the OLM system
- The 2019 CQC Well-led Review to be discussed at a future Board Development Session.

16 Dates of Next Meetings

Monday 10 December 2018 and Thursday 28 February 2019, both at 13.00 hours.

Provisional dates for the year 2019/20 were:

15 or 29 April 2019

13 May 2019

1 July 2019

9 September 2019

4 November 2019

6 January 2020

2 March 2020.

The meeting closed at 15:30