

REPORT TO THE TRUST BOARD IN PUBLIC
25 MARCH 2021

Title	Quality Assurance Committee held on 11 January 2021 and 8 March 2021: Committee Chair's Report
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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) meetings held on 11 January 2021 and 8 March 2021.

Issues to be brought to Board's attention

8 March 2021

The Committee considered a range of items which focused on quality and safety at the Trust including updates on Community Health Services quality and safety report, complaints deep dive, learning from deaths, patient safety, guardian of safe working, Board Assurance Framework - clinical risk CQC, internal audit and Quality Committee assurance report. The Committee wished to draw the Board's attention particularly to its discussions on:

• **Quality and Safety: Community Health Services**

- The Trust provides community health services in Newham, Tower Hamlets and Bedfordshire; these are diverse, complex and high volume and complex.
- In response to Covid, despite a large amount of service reorganisation, service provision continued with a focus on those rated as high risk and others were reduced but not stopped.
- Changes brought in as a result of Covid planning has had a positive impact, and learning is being taken forward as part of the recovery planning.
- Staff-initiated Covid responses were helpful, e.g. supporting a gardening project digitally.
- There is a number of quality initiatives, notably preventing violence and aggression and work continues to build on its success.
- There is a range of challenges for the service including funding for integrated discharge hubs and establishing long Covid services.
- Committee commented on the sense of 'team' being maintained across the diverse services through good governance structures, maintaining a focus on quality and supporting staff.

• **Cross cutting theme deep dive: complaints Q3**

- Number of formal complaints increased by 39% in Q3 compared to previous quarter.
- 92 formal complaints were responded to/or closed with 36% resolved after local resolution.
- Complaints themes included communication, attitude of staff and access to services.
- Learning taking forward included clearer communications, changes to Trust policies and procedures, improved training for staff, and requirement for further information regarding the care pathway.
- An external review of the Trust's complaints process identified conflicts in the complaints process and gaps in the system. More robust governance is now in place and a new complaints process implemented which has been positively received.
- The emphasis is now on looking at the quality of responses rather than just response times.
- 236 compliments were received.

• **Learning from deaths for Q3**

- There were 504 expected deaths and 109 unexpected deaths; 21 had patient safety issues
- 20 of the 48 hour reports went on to Serious Incident Reviews
- Of the expected deaths, there were 362 Structured Judgement Reviews; no unexpected causes and the main cause of death was cancer.
- There were 28 COVID deaths and the public health team is reviewing Covid deaths and will include comparisons between wave 1 and 2.
- Patients on end of life care were looked after in their place of choice.

- There were 8 deaths in the Learning Disability service, again this group seemed to be disproportionately affected by COVID.
- 12 Inquests were completed, four of which were suicides.
- No Prevention of Future Death Notices were received during Q3.
- **Patient safety for December 2020 and January 2021**
 - As the reporting period was in the latest wave of Covid, there has been an increased threshold for carrying out SIs.
 - There have been no independent or panel reports.
 - There have been 13 SI Reviews of which there were nine deaths in total, of those three were likely suicides.
- **Board Assurance Framework - clinical risk and Covid 19**
 - Current risk score remains significant at 20 due to the continued impact of Covid, but it is anticipated this will reduce shortly.
 - Although Covid has paused some actions, learning has continued.
 - A forward trajectory for the action plan will be included in future to indicate when mitigations might start to impact the risk score.
 - The Committee was assured that appropriate controls are in place and operating effectively.
- **Guardian of safe working Q2 and Q3**
 - Work schedules for junior doctors remain compliant
 - During the period there was a healthy number of exception reports – 44 in Q2 and 23 in Q3.
 - The majority of vacant shifts were covered internally.
 - Consultants are being encouraged to ensure weekly supervisions are held so that junior doctors' reporting can be signed off in order to reduce any delays in reporting.
 - The Committee noted the increase in reporting since Dr Juliette Brown was appointed as the Guardian of Safeworking.

11 January 2021

The Committee considered a range of items which focused on quality and safety at the Trust including updates on winter planning, cross cutting theme deep dive: inpatient safety, patient safety, primary care quality report, Board Assurance Framework – clinical risk, CQC, internal audit and Quality Committee assurance report. The Committee wished to draw the Board's attention particularly to its discussions on:

- **Quality and Safety: Winter Planning**
 - A review of the end to end vaccination process is being undertaken to learn what could be done more efficiently. Learning from other centres suggests the pace is slow initially.
 - The location of the centre has excellent access.
 - Recruitment for the vaccination programme is progressing well; the priority has been to recruit from Bank which includes retired staff wishing to help out. Recruitment may prove more challenging as demand and the number of pods increases.
 - There is a range of support in place for staff who may be off sick or traumatised through COVID related deaths.
 - The support Non-Executive Directors can give through NED visits is valuable and a way to promote their own vaccination experience and to support teams affected by Covid loss.
- **Primary Care Quality Report**
 - An update on the progress of quality work within the primary care directorate, initially formed in May 2020 and currently encompasses six primary care services, included an overview of how quality in primary care fits into the wider Trust quality landscape.
 - The vision for primary care is to improve the lives of all those we serve in line with the Trust's vision by creating a culture of openness, personal responsibility, equity and safety for staff to enable them to meet the needs of the people we serve.
 - Focus has been on embedding a culture of QI across the directorate; developing the primary care team to modernise the way the team works; managing challenges with different IT systems and hardware supply; embedding active patient participation; developing directorate audits; and aligning policies and procedures across the GP services/practices.
- **Cross cutting theme deep dive: inpatient safety**

- The Trust is taking a QI approach to review observations practice which are a repeated issue in patient safety SIs for the Trust but is also a national issue. The aim is to develop a range of alternative practices including, for example, 'electronic' observations and also requires behavioural change.
- Assurance provided that a comprehensive improvement plan is in place in Newham to tackle issues with observation practice.
- **CQC Update**
 - Meetings have continued with the CQC throughout the pandemic, including informal meetings to update them on quality and safety issues.
 - It is expected that a well-led comprehensive inspection will take place in 2021. Visits in Luton & Bedfordshire in community and mental health services took place late last year.
 - Until December virtual inspections were carried out on mental health wards. However, inspections are now paused.
 - Trust maintains a focus on quality and safety, and has a programme on improving quality.
- **Patient Safety Report**
 - An update on the previously reported suicides in City & Hackney over a six week period covered the themes identified following investigations and a table top review. Although the cases were very diverse, common factors were that they were mainly men, a number had been furloughed or had financial issues. Although care they received was good there were a number of social complexities such as drug, debt, housing gang problems.
 - Hackney was an outlier in suicides during the first lockdown. As a borough, Hackney has the highest number of single person households, which increased the sense of isolation.
 - Mental health transformation work takes a population health approach. Working with the voluntary sector and there are 'community connectors' helping ELFT to access different communities.
 - Reporting in 60 days has deteriorated due to the impact of COVID; the position is being monitored with a focus on meeting the threshold.
- **Board Assurance Framework - clinical risk**
 - Current risk score remains significant at 20 due to the impact of the new variant and the increasing number of cases, particularly within ward services.
 - The Committee was assured that appropriate controls are in place and operating effectively.
- **Agency**
 - Despite Covid there has been a continued focus on reducing agency usage, especially in Bedfordshire and Luton.
 - Bank staff are currently being employed for the vaccination centres. Although Covid has not so far impacted on agency usage it is recognised there will be a strain on the system as vaccination roll out increases.
 - Most agency use has been due to covering staff absences and within the infection control team.

Previous Minutes

The approved minutes of the meeting held on 2 November 2020 and 11 January 2021 are available on request by Board Directors from the Director of Corporate Governance.