

## Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Monday 10 December 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
Paul Calaminus	Chief Operating Officer and Deputy Chief Executive
Steven Course	Chief Financial Officer and Deputy Chief Executive
Mason Fitzgerald	Director of Planning and Performance
Marie Gabriel	Trust Chair
Jenny Kay	Non-Executive Director
Clive Makombera	Director RSM, Internal Audit

Lorraine Sunduza	Chief Nurse
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### In attendance:

Dr David Bridle	Medical Director, London Mental Health Services (for Dr Paul Gilluley)
Andy Cruickshank	Director of Nursing MHS London (agenda item 7)
Duncan Gilbert	Head of Quality Assurance (for Dr Amar Shah)
Cathy Lilley	Associate Director Corporate Governance
Sharon Hawley	Head of Addiction Services (agenda item 5)
Elizabeth Holford	Corporate Minutes Taker
Chris Kitchener	Associate Director Information Governance and DPO (agenda item 10)
Jane Quinn	Associate Director Legal Affairs (agenda item 11)
Dr Sim Roy-Choudhury	Clinical Director, Psychological Therapies (agenda item 5)
Carol Taylor	Lead Nurse, Tissue Viability (agenda item 7)
Sarah Wilson	Director of Specialist Services (agenda item)

### Apologies:

Ken Batty	Non-Executive Director
Dr Navina Evans	Chief Executive Officer
Dr Paul Gilluley	Chief Medical Officer
Dr Amar Shah	Chief Quality Officer

*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 David Bridle and Duncan Gilbert who were standing in for Dr Paul Gilluley and Dr Amar Shah respectively, as well as Sharon Hawley, Dr Sim Roy-Choudhury, Carol Taylor and Sarah Wilson who were attending to present reports.

1.2 Apologies were 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 1 November 2018

3.1 The minutes of the meeting held on 1 November 2018 were **APPROVED** as a correct record, subject to the following amendments:

- Page 5, paragraph 8.2, first bullet point: amend to read "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 in information on the local area and arrangements for family and friends to visit.'
- Page 5, paragraph 10.2: the interplay between shorter lengths of stay and number of emergency admissions will be considered by the Quality Committee (it does not fall within the Terms of Reference of the Mental Health Act Sub-Committee).
- Page 5, paragraph 10.3: the 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 settled as part of the 2019 Audit review.  
**Action: Clive Makombera**

#### **4 Action Log and Matters Arising from the Minutes**

- 4.1 Mary Elford thanked Cathy Lilley for her work in updating and improving the presentation of the Action Log.
- 4.2 The Committee noted the contents of the Action Log and agreed amendments as follows:

Action Ref 163 Risk registers: Clive Makombera clarified that the 2018/19 work programme included audit of Corporate Risk Registers only. Directorate Risk Registers would be reviewed at in 2019/20.

Action Ref 170 Service user engagement: The action statement should be extended to make the context clear (the move away from existing service user-led standards) and to specify action more precisely.

**Action: Cathy Lilley**

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

#### **5 Quality and Safety Reports**

##### **5.1 Quality and Safety Report: Adult Mental Health Services IAPT Services**

- 5.1.1 Mary Elford thanked Sim Roy-Choudhury and Sarah Wilson for attending the Committee and invited them to highlight main points from their report on IAPT services in Newham, Richmond and Bedfordshire.

From the points presented and from assurances given in discussion, the Committee noted the high quality of IAPT services and challenges to be met. A number of key themes emerged:

##### **Targets:**

- IAPT services are target driven with an emphasis on waiting time to first appointment
- All access and outcome targets are met in Newham, Richmond and Bedfordshire
- The position is different in Tower Hamlets, where ELFT has recently acquired the service with a long waiting list. The Trust is in discussion with Tower Hamlets CCG to consider ways of addressing this
- It is becoming increasingly difficult to meet access targets given high year-on-

year increases in the number of people IAPT services are expected to treat (two thirds more people in 2020/21 than at present, which is in line with the Five Year Forward View)

- Resources are being put into first assessment to manage the increased demand. This increases the 'second wait' for treatment; however, service users are offered online and group interventions in the intervening period
- 'Second wait' times are reported on to commissioners and NHS England but do not yet constitute a formal target
- ELFT is not an outlier on second waits
- Quality and Safety Reports template will be amended to include requirement for narrative and context to charts/data provided as well as identifying hotspots/areas of concern or issues

**Action: Lorraine Sunduza**

#### **Workforce and staff support**

- Staff support in a highly-pressured service is a priority
- Richmond has a QI project to determine how staff feel they can best be supported in responding to high demand and managing varied caseloads through short term interventions
- Further work is needed to ensure that staff in Richmond feel less isolated from the rest of ELFT and better integrated with secondary care networks.

#### **Effectiveness of interventions and service user satisfaction:**

- Audits have been undertaken which provide assurance that interventions are effective
- The range of interventions now available is much broader than in the early days of IAPT when CBT predominated. This enables interventions to be more specifically adapted to service users' needs
- Appropriateness of interventions is managed through well-developed systems for clinical supervision and caseload management which are intrinsic to the IAPT model
- All service users are invited to provide feedback through questionnaires, with generally positive results
- A People Participation Lead is being recruited
- Healthwatch in Richmond has raised concerns about facilities and difficulties in IAPT interface with secondary care services. In response improvements have been made to waiting areas. Interface with secondary care is harder to address given that ELFT has a limited voice in strategic discussions in the South West London area
- There is a risk of service users 'feeling abandoned' after the short period of intervention permitted in IAPT services. This is managed through a network of onward support provided by recovery colleges, self-help, third sector organisations, and through digital resources.

#### **Population health, integrated care and continuous adaptation:**

- IAPT services could be regarded as 'leading the way' with regard to integrated care, which is an essential feature of the model since its inception
  - Networks include recovery colleges and charities (e.g. Mind) who provide support such as benefits advice
- Constant adaptation is a key feature of the IAPT model, in response to opportunities offered by technology and by partners' innovations. This way of working is consistent with ELFT ambitions for improving population health through integrated care

#### **Future developments:**

- IAPT services for children and adolescents are being introduced, based on the adult model

- In the context of the NHS 10 year plan, work is needed to address current perverse incentives whereby throughput-based performance measures undermine capacity to treat more complex cases
- In line with ELFT strategic objectives, current ways of working based on continuous adaptation within a diverse system of providers, should continue
- ELFT's voice in strategic discussions in South West London needs to be strengthened in order to improve primary care psychology interface with secondary care.

5.1.2 Mary Elford on behalf of the Committee thanked Dr Sim Roy-Choudhury and Sarah Wilson for their excellent report and gave congratulations on winning the tender for Tower Hamlets services.

5.1.3 The Committee **RECEIVED** and **DISCUSSED** the report and presentation and **AGREED** that future reports should contain trend data.

## 5.2 Quality and Safety Report: Addictions Services

5.2.1 Mary Elford thanked Sharon Hawley and Sarah Wilson for attending the Committee and invited them to highlight main points from their report on services in Tower Hamlets and Bedfordshire.

From the points presented and from assurances given in discussion, the Committee noted the high quality of addictions services and challenges to be met. A number of key themes emerged:

### Poor physical health:

- The impact on physical health as a result of substance misuse, e.g. there has been a marked increase in lung disease in users of addictions services
- Physical health services should be 'brought in' to enable access for addictions service users, including pulmonary rehabilitation and smoking cessation services.

### Dual diagnosis:

- Around 25% of services users have dual diagnosis (283/1200)
- Good progress has been made in joint working with mental health services and pathways are being rationalised (in Tower Hamlets) and developed (in Bedfordshire) to avoid duplication across teams
- The Committee commended excellent progress made by the P2R team.

### Workforce and relationships with third sector organisations

- Relationships with third sector organisations could be improved
- Third sector organisations, such as Blenheim CDP, provide 'extras' (e.g. volunteering). They also pay higher rates to doctors and other clinical staff than ELFT is able to pay. This contributes to an ambivalent relationship and competitive atmosphere
- Third sector organisations have a different culture, for example, there is no obligation to investigate service user deaths as patients are not seen as 'theirs'
- The workforce faces pressures, given the nature of the services and clients. Staff have appreciated visits by Directors.

### Population health and integrated care

- Links with the acute sector could be improved especially with regard to lung disease management. This should improve when shared records systems are embedded and working effectively
- Links with Safeguarding teams are excellent.

## Future developments

- Challenges with the practice of regular re-tendering of services can lead to poorer quality and inefficiency; additions services in Hackney and Newham are due to be retendered during 2019
- Although gambling is an addiction, the Trust is not commissioned to provide relevant treatments
- It is planned to tender for addictions services in Hackney and in Newham.

5.2.2 Mary Elford thanked Sharon Hawley and Sarah Wilson for their excellent report and presentation, and in particular the identification of issues arising from increased rates of lung disease and proposed response.

5.2.3 The Committee **RECEIVED** and **DISCUSSED** the report and **AGREED** that future reports should contain trend data.

## 6 Cross Cutting Themes: Restraints

6.1 Mary Elford invited Lorraine Sunduza and Andy Cruickshank to present the main headlines from their report.

From the points presented and from assurances given in discussion, the Committee noted work underway to reduce rates of restraint and challenges to be met. A number of key themes emerged:

### Restraint as part of a system including seclusion and medication

- The Time to Think approach to violence reduction and the reduction of restrictive practices is now a well-established process across the Trust's in-patient services, with a reduction across the organisation of 40% of physical violence in the inpatient wards. As an approach it has been ground breaking in terms of predicting and preventing violence but where this does still occur, restraint and seclusion remain likely consequences; the aims of reducing violence and restrictive practice will be continuously combined but require different emphases
- There is 'crossover' between restraint and seclusion, which are both undertaken in response to incidents having occurred, rather than as preventative measures. In some teams there is correlation between use of restraint and seclusion, but this is not universal
- Where the Trust's restrictive practices policy is engaged with, use of restraint has fallen by 50%
- Death of Olaseni Lewis review has highlighted the need to record mechanical, physical and chemical constraints and for there to be a nominated person in charge. ELFT is conducting a gap analysis and will report in October 2019.

**Action: Lorraine Sunduza**

### Black and ethnic minority (BME) patients

- Use of restraint for people from BME groups will be considered alongside the findings from the reviews of the Mental Health Act. Careful analysis is needed taking into account beddays and the protective aspect of restraint.

### Learning Disabilities

- Learning disability (LD) and restraint in CAMHS has increased – specifically with the opening of Galaxy Adolescent PICU. Although caring for LD patients has not been a formally agreed part of the function of Galaxy, given the scarcity of such provisions, they have had to work with these young people in emergencies
- Specific training has been sourced and delivered for this service in working with young people with LD. The impact of this will be monitored over the coming months
- LD services have not seen any increase in the use of restraint and seclusion in

the past year and the use of prone restraint is low across the inpatient wards in our Forensic Services

- However, further work is needed to understand the very individual needs of people with learning disabilities who are cared for in general, PICU and other forensic settings.

#### **Action Lorraine Sunduza**

#### **Workforce**

- Shortage of Learning Disability nurses is a concern at national level and has been raised by Mary Elford with Health Education England
- ELFT's strategy is to provide training to clinicians working in general settings. A new mandatory training package is in preparation. This strategy was effective following the 'Valuing People' report
- Support is being given to enable personal carers of people with complex needs to spend time on wards
- Advanced directives are being promoted.

6.2 Mary Elford thanked Andy Cruickshank for an excellent report.

6.3 The Committee **RECEIVED** and **DISCUSSED** the report and **RECOMMENDED** that the Board should receive a summary with recommendations for action in the light of the Michael report and review of the Mental Health Act.

### **7 Pressure Ulcers Report**

7.1 Mary Elford thanked Carol Taylor for attending and invited her to present main points from her report on revisions to definitions and reporting on pressure ulcers at national and local level.

In discussion, the Committee noted:

- Changes are required by NHS Improvement as from June 2018 in order to standardise approaches to pressure ulcer classification and reporting at both a local and national level
- ELFT has historically taken a comprehensive approach to pressure ulcer reporting and numbers reported are not expected to increase as a result of NHS Improvement definitions
- Deep tissue injuries are reported as a separate category
- 'Unstagnable' is a new term for ulcers whose depth cannot be assessed
- Actions are being taken at ELFT to implement the recommended changes including a review of the current Datix system to incorporate the remapping of the PU reporting and investigation process in Bedfordshire to align with existing ELFT policies
- A gap analysis has been undertaken to identify the actions required to the current ELFT definition and reporting process for pressure ulcers which are being implemented
- A patient leaflet has been re-written
- 'Performance' on pressure ulcers has improved in Newham and Bedfordshire; further work is required to improve the situation in Tower Hamlets following recent acquisition of services
- It is the overarching responsibility of the Trust Board to be assured that implement of the guidance and subsequent changes to policy, procedure and training is in progress. The Committee agreed that such assurance had been received.

7.2 Mary Elford thanked Carol Taylor for her helpful overview.

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

## 8 Internal Audit Progress Report

8.1 Clive Makombera presented the Internal Audit progress report.

In discussion, the Committee:

- Expressed concern that the reports on 'Internal Clinical Assurance' and 'Divisional Governance' were unclear as to which services had been subject to audit and that the reports were too generic and could be strengthened to provide appropriate assurance
- Requested that future reports provide more clarity and detail, as well as appropriate assurance

**Action: Clive Makombera**

- Paul Calaminus to discuss with Dr Amar Shah on how content might be made more useful

**Action: Paul Calaminus/Amar Shah**

- Agreed a report would be presented with regards to the learning from prior community services acquisition (in Newham and Tower Hamlets) had enabled faster progress in Bedfordshire.

**Action: Clive Makombera**

8.3 The Committee **AGREED** that revised reports should be received at a future meeting.

## 9 CQC Update

9.1 Lorraine Sunduza provided a verbal update.

The Committee noted that:

- No information has been received about CQC visits in 2019
- Good progress was being made with the 'should do' actions identified from the CQC inspection visit in 2018 with the majority of actions completed
- The next step is to audit the impact of implemented actions.

9.2 Marie Gabriel reported on possible future direction for the CQC, following a dinner at which its Chair and Chief Executive had been present. There is a commitment to reduce the cost of CQC visits, which will be less frequent and based according to risk. Adult social care is likely to be a CQC priority.

9.3 The Committee **RECEIVED** and **NOTED** the verbal update on the CQC.

## 10 Information Governance Progress Report

10.1 Chris Kitchener presented the progress report.

In discussion, the Committee noted:

- The number of steps being taken to improve compliance following a 'not satisfactory' rating issued in March 2018 where 13 requirements were not compliant
- Chris Kitchener took up post on 1 September 2018 with a remit to improve compliance and ensure excellence in future
- The good progress now being made to ensure the Trust is compliant with the new European General Data Protection Regulations (GDPR) and the Data Security & Protection Toolkit (DSPT)
- The Trust's baseline assessment against the DSPT submitted in October 2018 was good

- Intensive work is planned to ensure required compliance at March 2019
- Good progress has been made on policies and procedures and on managing confidentiality.
- Achieving the required level of 95% on training is challenging as is documenting assets
- The training offer is being extended to a range of choices (online, classroom-based, team drop in sessions, power point presentation distribution and questionnaires)
- ELFT is doing well compared to other Trusts.

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

## 11 Legal Claims Annual Report 1 October 2017 – 30 September 2018

11.1 Jane Quinn presented the Legal Claims annual report for 2017/18.

From the points presented and from assurances given in discussion, the Committee noted ELFT's position on legal claims and challenges to be met. A number of key themes emerged:

### Rising value of claims

- The cost of clinical (as opposed to third party) claims has risen, primarily claims from users of Community Health Services
- Two potential negligence claims in Newham
- In mental health services, claims mainly relate to deceased people and tend not to be of high value. Community service claims arise from District Nurse, podiatry and diabetic services and tend to be of higher value
- Due diligence undertaken as part of the acquisition of new services will identify claim risks; these are not usually factored in to costs
- There is an excess of £10,000 for Third Party claims and if this threshold were to change or there is a significant increase in the number of claims, could pose a cost pressure on the Trust.

### Trends

- When benchmarked with other Trusts nationally, ELFT's Liability to Third Party (LTPS) claims is above the national average with Clinical Negligence (CNST) claims below the national average
- There is a consistent number of claims are received and closed each year, allowing for the effect of newly acquired services
- Benchmarking by NHS Resolution shows that ELFT claims are resolved relatively quickly
- There are internal systems to manage any risk that ELFT may be settling claims when there has been no breach of duty
- Legal aid changes have had no apparent impact.

### Patient assaults of patients

- The number of assaults by other patients has risen
- Sexual harassment and sexual assault are not prominent though staff have submitted claims after having been accused of harassment.

10.2 Mary Elford thanked Jane Quinn for the informative report and commended the team for their work.

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

## 12 Board Assurance Framework (BAF): Clinical Risks

12.1 Paul Calaminus updated the Committee on two BAF risks that fall within its remit:

In discussion, the Committee noted:

- **Risk 3 : Failure to effectively work with patients and local communities in the planning and delivery of care results in services that do not meet the needs of local communities:** The ambition to advance the involvement of service users with a learning disability outlined the recent conference, should appear in the next BAF update as well as the People Participation Strategy  
**Action: Mason Fitzgerald**
- **Risk 4 Failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm:** Actions in relation to the 'Well-led' review and Luton CQC review as well compliance with NICE Guidance should be reflected.
- A Patient Safety review led by a Civil Aviation expert has been commissioned which will cover culture, infrastructure and learning. The Committee will receive periodic updates over the 12 month life of the review.

12.2 The Committee:

- **RECEIVED** and **DISCUSSED** the BAF
- **AGREED** there were no changes to the risk scoring
- **AGREED** that appropriate controls are in place and operating effectively subject to adding NICE as a control.

### 13 Policy Approval: Legal Policy

13.1 This item was deferred to the next meeting.

### 14 Quality Committee : Exception Report

14.1 Mary Elford advised that she had attended and been impressed with discussion at the Quality Committee

14.2 In discussion, the Committee noted

- It will consider policing and the relationship with mental health services (e.g. provision of cover out of hours) and impact of any changes (e.g. as a result of the Mental Health Act Review) and differences of approach in the police forces the Trust works with
- This is separate from deprivation of liberty and restrictive practices
- Project Serenity (police writing risk management plans for mental health) is in progress and is expected to take eight months.
- Update to be included on forward plan (for 8-10 months' time).  
**Action: Cathy Lilley**

14.3 The Committee **RECEIVED** and **DISCUSSED** the exception report.

### 15 Quality Assurance Committee Work Plan

15.1 The Work Plan will be updated to reflect requests made at the meeting.

### 16 Any Other Business

#### 16.1 Quality Accounts 2018/19

Duncan Gilbert presented the report detailing the process for the production of the Quality Accounts for 2018/19 which had been submitted late to take the place of the deferred item on Legal Policy.

In discussion, the Committee :

- Agreed that the Executive Team would decide the quality priorities/metrics
- The Quality Assurance Committee would receive a draft of the Quality Accounts at the same time as other stakeholders (due to the tight development timeframe which reflects regulatory requirements and the availability of data)
- Noted the Trust's Auditors are holding a briefing session on what a meaningful set of Quality Accounts looks like, and a Trust representative will be in attendance
- The content of the Quality Accounts is prescribed nationally but the aim is to make them as locally useful as possible.

16.2 The Committee **AGREED** that Mary Elford and Marie Gabriel would look at the paper and give comments to Duncan Gilbert by the end of December 2018.

**Action: Mary Elford/Marie Gabriel**

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

## **17 Issues to be brought to the Board's attention**

- 17.1
1. Restrictive practices (LD and BME)
  2. Physical health and substance misuse
  3. GDPR
  4. Pressure ulcer report.

## **18 Date of Next Meeting**

Thursday 28 February 2019 in the Boardroom at Alie Street from 13:00 – 15:30.

## **19 Dates of Future Meetings 2019/2020**

- 15 or 29 April 2019 tbc
- 13 May 2019 (15:30 – 17:00 to receive Quality Accounts)
- 1 July 2019
- 9 September 2019
- 4 November 2019
- 6 January 2020
- 2 March 2020

All meetings will be held in the Boardroom from 14:00 – 16:30; one meeting during the year will be held in Luton (tbc)

*The meeting closed at 15:30*