

REPORT TO THE TRUST BOARD IN PUBLIC
22 July 2021

Title	Quality Assurance Committee held on 28 June 2021 Committee Chair's Report
Committee Chair	Deborah Wheeler, Non-Executive Director and chair of the committee meeting held on 28 June 2021
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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 28 June 2021.

Issues to be brought to Board's attention

The Committee considered a wide range of items that focused on quality and safety at the Trust at its meeting on 28 June 2021 and wished to draw the Board's attention particularly to its discussions on:

- **Quality and Safety Report: IAPT Service**
 - Virtual delivery of care had been successful during the last year, and built on the work that had commenced before the pandemic. Reviewing now how to take this further for the future and also at a blended approach to work
 - Service has seen improved recovery rates and good access
 - Service user feedback is collected and various initiatives which include service user involvement
 - Challenges include increased referrals (cannabis, alcohol, anxiety, domestic violence), rising access targets, increased competition for staff and improving staff retention, and waiting times for follow ups and 1:1 therapy

- **Quality and Safety Report: Addiction Services**
 - Priority has been to ensure safety and keeping the service open; measures of success demonstrated through a reduction in drug related deaths although nationally they have risen, and the rough sleepers initiative where services were delivered in the hotel they were housed in
 - There has been a significant increase in attendance at booked appointments resulting in much less wasted clinic time
 - The Dual Diagnosis Pathway has simplified the care planning for service users in a positive way; referrals have increased resulting in skill sharing which has been a benefit to patients
 - A self-help pack has been developed and access to online help now available
 - Waiting times have been managed creatively and well during the pandemic
 - Consistently good feedback received from service users who are asked to complete a questionnaire after each session.

- **Annual Quality Report 2020-2021**
 - Report summarises the quality improvement and quality assurance activity at the Trust. It outlines how the approaches were adapted during the pandemic, so that we can continue to utilise assurance and improvement to demonstrate standards related to quality of care and then to improve the quality of care
 - The report also describes the ways in which quality assurance and quality improvement have supported the Trust's response to the pandemic – what we have learnt, what has been achieved/not achieved and why, and how they will support delivery of the Trust's annual plan for 2021-22
 - Plans for the year include review how valid quality assurance is in a hybrid world of face to face and virtual meetings, and how to tackle waiting times through QI

- The Committee commended the progress made during a challenging year, and requested that consideration be given to introducing standard questions for the Non-Executive Directors visits.
- **Cross Cutting Theme Deep Dive: Access/Waiting Times:**
 - Regular performance meetings held with all DMTs to understand and provide support for patient backlogs
 - Templates for recovery plans have been standardised and QI is being used to structure responses
 - Reviewing processes, particularly where there are longer waits, to ensure people are being kept safe
 - Triage is also being looked at to ensure anyone needing urgent care will receive it
 - Consideration is being given on how the Committee and Board is sighted on backlogs and actions being taken to improve the issues.
- **Quality Report / Accounts 2020/2021:** The Committee:
 - Approved the Quality Report 2020-2021 for submission on 30 June 2021
 - Commended the informative report acknowledging that this was developed within a tight timeframe.
- **Vaccinations, Winter Planning and COVID**
 - **Covid:**
 - o Gold command structure still in place under emergency measures level 3
 - o Outbreaks being managed, with one patient in Newham tested positive last week
 - o 289 service users have sadly passed from COVID; of which 225 were in the community and the remainder inpatients
 - o 47 staff with COVID-related issues which is consistent over the last nine weeks; data to be cleansed to identify staff with long COVID
 - o During the year there were continued pressures on male beds and the Trust worked closely with North East London NHS FT to manage bed capacity to ensure no out of area bed placements
 - o Challenges across both London and Bedfordshire and Luton with CAMHS beds with young people being admitted to adult beds; assurance provided that CQC were advised and that sound governance processes were in place
 - **Vaccinations:**
 - o Continuing to encourage staff to regularly take lateral flow tests bi weekly
 - o Trust is engaged in a pilot in London with Queen Mary's University looking at PCR tests with quick results
 - o 89% of substantive staff and all inpatients are vaccinated to date
 - o Continued focus on encouraging vaccinations in the communities, particularly in London where take up is low partly due to NEL having a young population and there are very low registration rates with GPs as well as there being a very diverse community
 - o The aim is to have everyone under 40 double vaccinated by 19 July 1 and everyone over 18 to have had at least their first vaccine. People who have not had second vaccines are being followed up
 - o Trust hosted a pop-up vaccination centre at Wet Ham's FC ground which saw 7000 vaccinations being given. Westfield vaccination centre aims to continue to vaccinate 2000 people per day; and a new centre in Westfield has been set up which will primarily be a walk-in centre
 - o Personal visit and letter from the London mayor to the Westfield vaccination centre which was well received by staff
 - o The Trust hosted a vaccination summit last week with the Mayor of London and the vaccine Minister who toured the Westfield site.
 - **Winter planning:** has commenced and plans reflect the learning from the pandemic.

- **Board Assurance Framework – Clinical Risk:** A review of the BAF is being undertaken as part of a wider review of the wider governance framework. The Committee agreed no changes to the risk wording or risk scores, and received assurance that appropriate controls are in place and operating effectively.
- **Patient Safety Report:**
 - 22 SI were identified during 1 April – 31 May 2021, there were two SI investigations and no independent reviews
 - Recent learning indicates an increase in the use of drugs.
- **Learning from Mental health Inpatient Deaths Report:**
 - The report summarises initial findings of a review of all unexpected deaths among adult mental health patients between 1 April 2018 and 1 April 2021
 - The report identified themes and provided assurance that action is being taken to improve quality and outcomes where areas of concern have been identified and to share learning
 - Further analysis to understand unexpected deaths rate is planned for summer 2021 and will be followed by consultation with relevant staff, service users and system partners to strengthen recommendations and ensure findings inform policy and practice.
- **Prevention of Future Deaths (PFD):**
 - The report detailed the case of a patient who sadly died whilst detained under the Mental Health Act and under the Trust's care
 - The Coroner's inquest found that street drugs were a primary factor in the death and that failings in care were also likely to have contributed to it
 - The Trust has been issued with a Prevention of Future Death notice that highlights actions which require focus: searching of patients and their property; observation practice; and vital signs monitoring after the administration of medicines for rapid tranquilisation
 - The Committee received assurance that an improvement plan had already commenced before the receipt of the PFD to address the issues raised, as had been identified during the SI investigations.
- **Guardian of Safe Working Q4:** The Committee received assurance on compliance with the junior doctors contracts and no signification issues had been raised during the quarter:
 - Work schedules and rotas for junior Doctors were compliant with their contracts
 - There were 41 reports and 6 breach fines
 - There were 334 vacant shifts and all but 21 were covered in-house
 - Overall numbers of vacant shifts have stabilised
 - There is an engaged and enthusiastic trainee cohort and a good culture of raising issues.
- **Patient And Carer Race Equality Framework (PCREF):**
 - PCREF was a recommendation from the national Mental Health Act review to eliminate the unacceptable racial disparity in access, experience and outcomes, and to significantly improve the trust and confidence of Black communities in our services
 - The Trust is one of two pilots for this work which is being led centrally
 - Feedback is being gathered about access, experience and outcomes from people from minority communities. The Trust has already undertaken some of this work for young black males but there is more to do
 - The aim is to have organisational competencies for improvement that can be measured and are transparent
 - This programme of work will link in with the community transformation programme.

Previous Minutes

The approved minutes of the meetings held on 26 April 2021 are available on request by Board Directors from the Director of Corporate Governance.