

REPORT TO THE TRUST BOARD: PUBLIC
21 May 2020

Title	Quality Assurance Committee 4 May and 2 March 2020: Committee Chair's Report
Committee Chair	Jenny Kay, interim Committee Chair
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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 4 May and 2 March 2020.

Issues to be brought to Board's attention

QAC Minutes: The approved Minutes of the Quality Assurance Committee meeting held on 6 January 2020 and 2 March 2020 are available on request by Board Directors from the Associate Director of Corporate Governance.

Meeting held on 4 May 2020: The Committee considered a range of items which primarily focused on quality and safety at the Trust since COVID-19 pandemic. The Committee wished to draw the Board's attention to its discussions on:

- **COVID-19 Update:** The Committee received a detailed update on the Trust's response to COVID-19 specifically focusing on patient safety and quality:
 - The centralised Gold Command structure had worked well and although a 'command and control' approach had been well-received by services who commented they felt supported
 - Patient safety investigation process has been streamlined
 - Fortnightly meetings held with CQC but there is a national pause on well-led reviews
 - Regulation activity is taking a risk-based approach
 - Mental Health Act activity is focusing on care and treatment of detained patients, individual patient issues, restrictive practices and access to safeguards
 - An Ethics Panel has been established in response to COVID-19 issues reporting to Gold Command; there is both lay and Governor representation on the panel
 - The Trust is ensuring that the impact of COVID-19 on people with learning disabilities is being monitored particularly in relation to DNR
 - How COVID-19 has highlighted inequalities that may have already been in existence, such as for old age, learning disability, BAME communities
 - Shaping the future: Phase 2 focusing on 'recovery' is being established focusing on re-organising and down-sizing the current Gold Command structure, and re-focusing on population health and equality/inequalities and taking forward learning.

- **Board Assurance Framework - Clinical Risk:** The Committee focused its discussions on risk 4 *If essential standards of quality and safety are not maintained, this will/may result in the provision of sub-optimal care and increases the risk of harm* as the Board had agreed at its Board Development Session on 11 March 2020 that risk 4 would be monitored by the People Participation Committee. The Committee were assured of the actions being taken to mitigate the risk and in particular noted:
 - The BAF reflects that the Trust is working in an unprecedented time with the COVID-19 pandemic, the introduction of lockdown and strict rules for social distancing
 - The Trust was expected to respond at scale and pace to a fast-paced and fluid situation
 - Agreed the increase of the risk score to **Significant 20** (likelihood changed from 3 possible to 4 likely x impact remaining at catastrophic).

- **Patient Safety Report Q4:** The Committee:
 - Noted during Q4 there were 24 new SIs, no independent reviews or overdue panel reviews

- Considered in detail the four panel-led comprehensive SI investigations completed in Q4, noting the issues identified and actions being taken to address them
- Noted the overall increase of incidents reported since January 2018 is the result of increased incident training resulting in increased reporting of incidents
- Received an update on the impact of COVID-19 on patient safety practices including resus.
- **Complaints Report:** The Committee received and commended the Complaints and Patient Advice and Liaison Services annual report for 2019/20:
 - Noted the improvements to the complaints management structure including the establishment of a Higher Levels Complaints Committee, revisions to Datix to better capture learning outcomes and actions from complaints, and the restructure of Complaints Team which now includes a service user to help understanding from a service user perspective
 - Noted the focus on local resolution
 - Noted that learning from complaints will be triangulated with other data sources and reported through the Quality Report
 - Requested that 'individual stories' and complexity of complaints be included in future reports
- **Quality Account/Report 2019/20:** Deadline for publication has been delayed until 15 December 2020. There is no requirement for it to be audited nor be included in the Trust's Annual Report for 2019/20.

Meeting held on 2 March 2020: At its meeting on 2 March 2020 the Committee considered a range of items including:

- **Quality and safety report for Adult Community Services (Bedfordshire, Newham, Tower Hamlets):**
 - Two new Primary Care contracts (Leighton Road in Leighton Buzzard and Cauldwell Medical Centre in Bedford) bringing the total to five GP practices
 - Other successes have included working collaboratively with Groundswell peer advocacy (regarding homeless patients), wards achieving Gold for Service User Led Accreditation Programme, and the coaching programme in Tower Hamlets (enabling many positive resolutions of residual issues)
 - National shortage of district nursing and therapy staff and the difficulty in meeting demand whilst providing care and treatment in a safe and effective way
 - Planning around places rather than services is likely to ensure more robust structures for future integrated delivery of mental and physical health care
 - Joint working with care homes has become more refined and robust.
- **Learning from Deaths (Q3) Report:** The Committee asked for further work within the Community Mental Health Teams Transformation pilots on the identified communication issues within and outside the Trust
- **Safety Review Reports:** The Committee reviewed the reports in detail and:
 - Probed further details on the care delivery and service delivery problems identified in the three panel-led cases
 - Noted the challenges in completing joint investigations in the 60 day timeline given the pressures on senior staff
 - Considered the differing pressures on staff in respect of observations and in particular the support needs of staff who had had the distressing experience of finding one of their patients unresponsive through the observation process
 - Agreed that the discussion on themes and issues raised in these cases is appropriately placed within this Committee, and it is not necessary to include a separate report to the full Trust Board in a private part of their meeting. Updates and assurance would be provided through the Committee assurance report to the Board.

- **Cross Cutting Themes: Non-Executive Directors (NED) Review of Complaints**
 - Noticeable improvement in the phrasing of outcome letters although there was potential room for improvement, e.g. showing appropriate compassion and being less defensive
 - A Complaints Assurance and High-Grade Complaints Committee has been established
 - Consideration is being given to commission an external review of the complaints service (as part of revisions to the Complaints Policy), including the organisational balance between corporate oversight and directorate action
 - The terms of reference for the NEDs Complaints Audit will be agreed with the lead NED
 - The Annual Report on Complaints will be presented to QAC in May, including a six-monthly update 'Learning from Complaints', with the next review of a sample of complaints by Non-Executive Directors in November/December 2020.

- **Infection Control Annual Report:** The Committee expressed thanks for the very significant steps taken since the work was brought in-house nearly two years ago:
 - The report demonstrated compliance by the Trust with the NHS Code of Practice on the prevention and control of infections, and the NHS Long Term Plan
 - The Committee was assured regarding the management of sepsis, and in the ongoing governance of water safety
 - With regard to the emerging Coronavirus emergency the Committee noted:
 - All Trust services may be required to activate their Business Continuity Plans, in line with the previous planning for a flu pandemic
 - Staff will receive a daily email on the Coronavirus situation, even if there has been no change on the previous day's position, until such a time that the threat has subsided.

- **Research and Innovation Strategy:** The Committee:
 - welcomed the Strategy, supported the actions therein, and asked that developments be brought forward to incorporate Bedfordshire and Luton services, as well as CAMHS, into the research and innovation proposals
 - Noted that greater visibility to research and innovation provides both a personal development avenue for staff and a support to recruitment initiatives

- **Mental Health Law Update Report:** A Mental Health Law Monitoring Group has been established (as a sub-group of the Quality Committee, and chaired by the Chief Medical Officer), to coordinate action and strengthen assurance in relation to all mental health law related matters.