

Quality Assurance Committee

DRAFT Minutes of the Quality Assurance Committee meeting held on 29 April 2019 at 14:00 in the Boardroom, Robert Dolan House, 9 Alie Street, London E1 8DE and by telephone

Present:	Mary Elford	Non-Executive Director and Vice Chair (Chair)
	Ken Batty	Non-Executive Director
	Paul Calaminus	Chief Operating Officer and Deputy CEO
	Steven Course	Chief Finance Officer and Deputy CEO
	Dr Navina Evans	Chief Executive
	Mason Fitzgerald	Executive Director of Planning and Performance (for agenda item 8)
	Dr Paul Gilluley	Chief Medical Officer
	Jenny Kay	Non-Executive Director (part and by phone)
	Clive Makombera	Internal Audit Director
	Dr Amar Shah	Chief Quality Officer
	Lorraine Sunduza	Chief Nurse
In attendance:	Eileen Taylor	Non-Executive Director
	Duncan Gilbert	Head of Quality Assurance (for agenda item 7)
	Elizabeth Holford	Corporate Minutes Taker
	Cathy Lavelle	Clinical Director, CAMHS
	Cathy Lilley	Associate Director, Corporate Governance
	Sarah Wilson	Director, Specialist Services

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 and especially Cathy Lavelle and Sarah Wilson, attending to report on quality and safety in CAMHS services, and Eileen Taylor who was observing.
- 1.2. There were no apologies for absence.

2. Declarations of Interests on Items on the Agenda

- 2.1. No declarations were received in addition to those on the published register.

3. Minutes of Previous Meeting held on 28 February 2019

- 3.1. The minutes of the meeting held on 28 February 2019 were **APPROVED** as a correct record subject to the following amendments:
 - Page 3, para 7.1: Amend to read “last year 4.8% of patients were administered medication without the legal authority”
 - Page 4, para 8.1: Add reference to possible medicines management savings from the Buurtzorg model
 - Page 5, para 9.2: With reference to the percentage of the Trust’s work accounted for by community services, clarify the measure used (e.g. percentage of income; see minute 4.2).

4. Action Log and Matters Arising from the Minutes

4.1. Action Log:

The Action Log was reviewed and updates received:

- Action 93: Confirmed that the thematic report on lapses from record keeping standards should come to the QAC rather than the Bedfordshire and Luton Strategic Development Group as this issue applies more widely
- Action 165: A list of statutory and mandatory courses and percentage of eligible Bedfordshire and Luton staff who have completed them, to be circulated asap
- Action 180: Update to be provided at July 2019 meeting
- Action 182 and 183: To be merged
- Action 175: The 'year 1 look-back' at benefits and risks from taking over community health services in Bedfordshire, scheduled to be considered by the QAC in June 2019, will include wider consideration of the impact of learning from previous transactions.

4.2. Matters Arising:

- Page 5, para 9.2 Quality Accounts: A list of statistics/key data will be produced to support consistency in Trust communications; to include percentage breakdown of services by type and geography in terms of income, expenditure, staffing and activity.

Action: Amah Shah/Mason Fitzgerald

5. Quality and Safety Report: CAMHS

5.1 Mary Elford welcomed Cathy Lavelle and Sarah Wilson who provided a comprehensive and well-received presentation on CAMHS services.

The presentation took a population health approach, illustrating quality and safety and risks and assurance with reference to:

- Population demand, access, workforce capacity and thresholds for being seen
- Partnership working across complex boundaries
- Service user and staff experience
- A wide range of innovative initiatives including 'Trailblazer' projects with schools.

5.2 Key challenges highlighted included:

- A 35 % increase in access to CAMHS services required by CCGs without a commensurate increase in resources, leading to high but confusingly variable thresholds for referral and long waiting times
- Mismatch between demand and capacity, compounded by increase in crisis presentations and factors such as lack of alternatives to mental health services for individual wishing to discuss transgender issues
- Difficulties in staff recruitment, especially in Bedfordshire and Luton, exacerbated by the effect on staff morale of managing long waiting lists and an increase in the severity of problems presenting
- Complex organisational boundaries, policies and pathways leading to misunderstandings in communication with referrers and service users. The risks are marked at the point of transition to adult services, especially for looked after children

5.3 In discussion, the Committee:

- Was assured of the mitigating action and imaginative range of initiatives including trailblazer projects with schools, emergency community teams, transition workers, career pathways, GP webinars, DBT groups, digital offers, etc
- Noted that CAMHS services are blazing an impressive trail with population health initiatives and requested a written report to supplement the presentation which would include data relating to specific outcome measures and qualitative measures as this would provide further assurance, e.g. percentage of schools with a mental health pathway worker.

Action: Cathy Lavelle/Sarah Wilson

- 5.4 The Committee discussed the purpose of quality and safety reports to the QAC in the context of changes to reporting structures that are being made to reflect the Trust's strategic plan. Awareness of the changes, including the introduction of a part 3 section to the Quality Committee focusing on quality and safety in a specific Directorate, amongst Committee members was variable.

Lorraine Sunduza confirmed that a new standard template for the quality and safety report has been designed to capture assurance relating to ELFT's four strategic objectives.

The Committee agreed that a meeting to discuss the assurance requirements of the Committee in relation to quality and safety would be arranged to include a number of Committee members.

Action: Lorraine Sunduza/Mary Elford

- 5.5 The Committee received an update on findings from a deep dive into quality at Galaxy PICU unit, where the high use of restraint had been identified as a potential issue of concern. Assurance was provided that the use of restraint has been determined to be appropriate; the figures reflect the profile of service users as there had been multiple occurrences for one or two service users.

- 5.4 The Committee **RECEIVED** and **NOTED** the verbal presentation.

6. Cross Cutting Themes: Population Health

- 6.1 Lorraine Sunduza set the context for the discussion on population health:
- At a recent Board Development Day, all Board Sub-Committees were asked to consider their specific contribution to assuring achievement of the Trust's strategic priority of improving population health
 - The key question is: what would the QAC be looking for to assure the Board of the progress being made with population health
 - Jenny Kay is chairing a Task and Finish Group established by the Board which will make recommendations on overall Trust governance on population health. The QAC will advise the Task and Finish group of its views and any action agreed.
- 6.2 The Committee discussed their approach to assessing risk and assurance for population health objectives, noting that:
- Wider understanding is needed amongst staff of what is within the scope of population health and how they can relate to a focused communications plan; although it was recognised that this will take time to embed. Feedback has shown that the Trust's responsibility for population health is often perceived to be limited to smoking cessation

- Much existing data generated from work within STPs, from Integrated Care initiatives and from Directorate Quality meetings, would provide assurance for population health. This framework provides structure and legitimacy
- Information reported to the Quality Committee and within the new QAC quality and safety report template should be reviewed and any measures that are population health outcome-based extracted.
- **Action: Lorraine Sunduza**

6.3 The Committee **AGREED** that:

- A communication plan be developed so that staff understand the scope of population health
Action: Mason Fitzgerald
- A review of existing measures reported in Directorate quality meetings and to the Quality Committee and Quality Assurance Committee be undertaken to identify any that are population health outcome measures.
Action: Lorraine Sunduza/Amar Shah

7. Quality Report 2018/19

7.1 Duncan Gilbert presented the draft Quality Report and explained the context and purpose:

- An annual Quality Report is required of all Foundation Trusts as part of their Annual Report and Accounts and is based on mandatory content
- The Report must include statements on assurance and a narrative on quality
- The audience consists of NHS bodies, partners and the general public.
- The Report is also required to be published on the NHS Choices website.

7.2 In discussion, the Committee:

- Commended the high standard of the Report which was well-written and informative with positive contents and a helpful overview
- Suggested that a focus on outcomes, rather than work in progress, would enhance the value of the report further. Checks will be made at the point at which the report is finalised
Action: Amah Shah
- Requested that a summary version is prepared
Action: Amah Shah
- Proposed that the placing of some graphs, and trends shown, should be checked to ensure consistency with the narrative (e.g. physical health graph)
Action: Amah Shah
- Noted that the next steps would be for external audit and other stakeholders/partners including Healthwatch Tower Hamlets to comment on the report. This feedback will be included in the report; however, there may be some challenges with receiving this in time for inclusion prior to submission to NHS Improvement.

On behalf of the Committee, Mary Elford thanked Duncan Gilbert and those involved in the development of the Quality Report for the excellent work and for the improved production process.

7.3 The Committee **RECEIVED, DISCUSSED** and **NOTED** the Annual Quality Report and next steps.

7.4 Jenny Kay left the meeting.

8. Internal Audit Progress Report

- 8.1 Clive Makombera presented highlights from two final reports: information governance and system based governance.

The Committee discussed the level of assurance in the reports, noting that

Information governance:

- The Trust has now achieved 85% compliance against standards in the Data Security and Protection Toolkit. This is better than anticipated and reflects solid work on organisational culture around information governance. Senior leadership has made a marked difference
- The main outstanding areas are training and information assets and information flows where a key focus will be on behaviour and culture. Asset work will be completed by end July 2019
- An Information Commissioner Audit is scheduled for the week beginning 6 May 2019. This will result in a rating for the Trust, which will be published, as well as a set of recommendations.

Place-based systems:

- There are challenges with the complexity of achieving alignment between Directorate plans, Trust plans and STP plans
- It would be premature to describe the limited system working in Newham as a risk to be placed on the Directorate Risk Register; however consideration to be given to any implications on the BAF
- Actions include improving communication and feedback loops as this would help to ensure key messages are being shared and will support with addressing cultural challenges. Consideration to be given to reporting requirements from external meetings

Action: Richard Fradgley

- The Tractivity tool may help communication in Bedfordshire and Luton
- Comparisons with how other organisations manage system governance would be helpful, e.g. Berkshire

Action: Clive Makombera

- 8.2 The Committee also discussed incident reporting:

- A CQC report states that 20% of people do not know where to report incidents to and 33% do not know to whom to report them. ELFT has historically been seen as a low reporter
- Although it has been reported that staff do not report incidents because they do not think it will make a difference, ELFT staff survey data contradicts this (96% had seen an incident and reported it, 77% felt the organisation takes action on incidents reported and 72% felt secure about reporting concerns)
- The general feeling is that change happens in response to incident reporting but it is not always sustained. The Board's Appointments and Remuneration Committee has a role in demonstrating how the actions taken following the staff survey has made a difference.

- 8.3 Ken Batty left the meeting.

- 8.4 The Committee **RECEIVED** and **NOTED** the Internal Audit Progress Report.

9. Board Assurance Framework: Clinical Risks

9.1 The Committee discussed Risk 4, noting that:

- The peer support programme is being reviewed by internal and external reviewers
- The BAF should include defined ambitions for the peer support workers programme
- The complaints annual report will be presented at the next QAC meeting
- Two NEDs for this year's review of a sample of complaint responses to be identified
- Actions agreed with partners as part of the STP governance structures should be reported by exception
- The BAF risks will be reviewed and potentially updated and/or re-written following consideration at the next Board Development Session.

Action: Mason Fitzgerald

9.2 The Committee:

- **RECEIVED, DISCUSSED** and **REVIEWED** the progress with the clinical risks on the BAF
- **NOTED** that there were no changes to the risk scoring
- **AGREED** that appropriate controls are in place and operating effectively.

10. Quality Committee: Exception Report

10.1 The Committee **RECEIVED, NOTED** and commended the report.

11. Quality Assurance Committee Work Plan

11.1 The Committee noted that this was work in progress and further changes would be made.

Action: Cathy Lilley

12. Any Other Business

12.1 There was no further business.

13. Issues to be brought to the Board's attention (positive and negative assurances)

- 13.1
- Discussions on population health
 - Update on Internal Audit: information governance and place-based systems
 - Quality and safety report for CAMHS.

14. Dates of Meetings 2019/2020

- 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

The meeting closed at 15:55.