

## Quality Assurance Committee

**Confirmed Minutes of the Quality Assurance Committee meeting held on 11<sup>th</sup> December 2017, at 1.30 pm, in the Boardroom, 1<sup>st</sup> Floor, THQ, 9 Alie Street, London E1 8DE**

<b>Present:</b>	Mary Elford Jenny Kay Ken Batty Lorraine Sunduza Paul Gilluley Paul Calaminus Mason Fitzgerald	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director Interim Chief Nurse Interim Chief Medical Officer Chief Operating Officer Director of Corporate Affairs
<b>In attendance:</b>	Sarah Wilson Sim Roy-Chowdhury Dean Henderson Frank Rohricht Chris Kitchener Jane Quinn Georgia Denegri Elizabeth Holford	Specialist Services Director (item 5) IAPT Clinical Director (item 5) City & Hackney Borough Director (item 6) Associate Medical Director (item 6) Associate Director of Assurance Associate Director of Legal Affairs (item 10) Interim Trust Secretary Corporate Minutes Taker
<b>Apologies:</b>	Marie Gabriel Steven Course Navina Evans Clive Makombera Amar Shah	Trust Chair Chief Financial Officer Chief Executive Officer Internal Audit Director Associate Medical Director

*The minutes are produced in the order of the agenda*

### 1. Welcome and apologies for absence

- 1.1. The Chair welcomed everyone to the meeting.

The Chair welcomed and introduced Millie Banerjee, Non- Executive Director, who was attending the Committee for the first time, with a specific interest in the item on the General Data Protection Regulation.

- 1.2 Apologies were noted as above.

### 2. Declaration of interests on items on the agenda

- 2.1. Mary Elford declared an interest as a Board member of Health Education England.

### 3. Minutes of previous meeting held on 25<sup>th</sup> September 2017

- 3.1. The Minutes of the meeting held on 25<sup>th</sup> September 2017 were **APPROVED** as a correct record.

### 4. Action log and matters arising from the minutes

- 4.1. The Action Log was updated as follows:

- Action ref 91: Paul Calaminus to assume responsibility for considering how

- NEDs can conduct visits to people's homes with the Buurtzorg nursing team.
- Action ref 93: A Trust-wide record keeping event is planned in January or February.
- Action ref 98: A meeting between Jenny Kay, Navina Evans and Lorraine Sunduza was held to discuss the BAF and agree principles for changes needed. Jenny subsequently consulted Paul Hendrick and she would update Lorraine outside the meeting.
- Action ref 102: Marie Gabriel has proposed that Rob Taylor is the second NED to join the Serious Incidents Committee.

#### 4.2. Matters arising from the minutes:

##### AMHP Services:

- The Chief Operating Officer updated the QAC:  
The proposal by Newham Council to restrict AMHP services to borough residents has been withdrawn.  
A watching brief will be kept on gaps in AMHP services in Bedfordshire, with a report to the QAC in April 2018.  
Consideration will be given to reporting on AMHP services via the Mental Health Act Annual Report.

**Actions: Paul Calaminus**

##### Food quality:

- The Quality Report to the Board will in future contain an expanded section on food quality, drawing on 'whole place assessment' data.

**Action: Lorraine Sunduza**

##### Quality Accounts 2016/17 feedback:

- The Committee noted that more detailed letters and dialogue lay behind the summary responses to the feedback on the Quality Accounts 2016/17 provided by Healthwatch and felt it would be instructive to see these.
- Consideration could be given to using the People Participation Committee to widen engagement with stakeholders on quality.
- In line with practice in the past, the Deputy Chief Executives could be leading in engagement with the Healthwatch organisations in the areas the trust provides services.
- In order to engage in continuous dialogue with stakeholders, the Committee asked that Non-Executive Directors are invited to the consultation event on the Quality Accounts 2017/18 to be held in April 2018.

**Action: Paul Gilluley**

##### Board development session on risk management:

- The session is scheduled on 27 March 2018.

## 5. Quality and Safety Report: Specialist Services – IAPT

- 5.1. The Chair welcomed Sarah Wilson and Sim Roy Chowdhury and invited them to indicate to the Committee the opportunities for improving IAPT services, in the context of rising national expectations and a limited budget.

The following key points were noted from the discussion and the Committee's scrutiny:

- The Trust runs services in Newham, Bedfordshire, Luton and Richmond.

- In line with the 5YFV, IAPT service providers are expected to meet an access target of 25% by 2021 (currently 15%). Marie Gabriel is to raise the disparity between national priorities and CCG funding at the Mental Health Network meeting.
- Increased activity will primarily be accounted for by patient groups who have not in the past accessed IAPT services. Two thirds of those seen are anticipated to have long term physical conditions and one third mental health problems.
- Discussions are being held with commissioners on service models and funding. Commissioners are taking varied approaches with regard to re-tendering. Although tender processes are onerous, and STP relationships may mean that there is less retendering, they are a way of specifying that targets can be met within available resources.
- There are opportunities to promote 'whole pathways', service integration and improve primary care liaison, through the design of IAPT services, adapting standard models to fit local circumstances, using QI and demand and capacity modelling and 'factoring in' technological advances.
- Due to the transient contact that IAPT service users have with services, different approaches to engagement are needed, such as linking with carers' groups and Long Term Care 'cohorts', for example diabetes or bowel cancer patients.

5.2. The QAC sought specific assurance in relation to staff vacancies and waiting times for second appointments and noted the following points:

#### Staff retention and recruitment

- Poor findings from the staff survey in Bedfordshire and Luton prompted an organisational development programme designed to improve the scope of choice available to staff within a restricted clinical protocol. The aim is to provide good clinical leadership within a semi-isolated service, listening and responding to staff to make their work more enjoyable.
- A QI project based on 'how are you enjoying your day' is in progress.
- The bank system is being built up and overtime is offered to existing staff. 'London weighting' for Bedfordshire staff is being considered to attract more candidates.
- Posts are being reconfigured to attract staff such as Assistant Psychologists who have many of the skills required.
- At the same time, consideration is being given on the service model and the use of technology in redesigning the model.
- The main approach is to 'grow our own' staff, seeking to attract local people.

#### Waiting times

- Long waiting times, particularly for second appointments (following initial assessment), are accounted for by a number of factors: a two-year waiting list inherited by previous provider, staff vacancies, space constraints and personal preference of some service users to wait for a one-to-one appointment rather than accepting treatment in a group setting.
- Action includes increasing the quality of what groups offer, and linking with a counselling foundation.
- The Trust meets national standards.
- Long waiters are contacted during their wait, to identify and manage any risk.

5.3 The Chair thanked Sim Roy-Chowdhury and Sarah Wilson for their presentation and responses to the Committee's questions, noting the caring approach being taken to

address the complexity of IAPT services and to improve staff morale.

- 5.4 The QAC **RECEIVED** and **NOTED** the report and **AGREED** to receive updates via Board performance reports.

*Sarah Wilson and Sim Roy-Chowdhury left the meeting at 2.20pm.*

## 6. eCPA Update report

- 6.1 The Chair welcomed Dr Frank Rohricht and Dean Henderson and introduced Millie Banerjee who has a particular interest in the IT aspect of CPA developments.

The Chair explained the purpose of a 'deep dive', which is to focus on areas of potential concern across the Trust, and invited the presenters to convey to the QAC a sense of how well new CPA arrangements are working.

The following key points were noted from discussion and the Committee's scrutiny:

### Variation

- eCPA has been in place since April 2017. A three month review (through workshops in Luton and Mile End) showed variability in the way forms are completed and uploaded (procedure and roles), understanding and use of Solution Focused Therapy and recovery principles.
- The feedback has been positive but further training and guidance are needed on procedural and cultural aspects of the new system to achieve standardisation. Another workshop is planned before Christmas.
- Some borough specific variation is needed, for example, to adapt letters to local GPs' requirements.

### Responsibility for improving performance

- Although Qi methodology was not used for the development of the new eCPA, extensive consultation and input from staff took place. Since July 2017, the new approach has been incorporated as 'business as usual' and forms part of the recovery agenda.
- Directorate Managers are responsible for improving performance, supported by Trust-wide training and 'culture change' programmes, including via QI projects.
- It is estimated that it takes in the order of 6 months for staff to accumulate experience in the new ways of engaging with service users that are central to the CPA process ('a relationship of equals').

### Impact

- Technical impact is good in that linkage of Dialog and RiO has been achieved and works well on laptops and mobiles.
- There is the potential to interrogate RiO to obtain data indicating impact.
- CPA will be evaluated/audited early in 2018, with service user involvement. Findings can be presented to the Board after April 2018.
- Academic partners undertaking the evaluation will offer an independent perspective.
- Checks are needed to determine whether the academic review will include effectiveness of linking physical health forms to CPA documentation.

**Action: Frank Rohricht**

The Chair thanked Frank Rohricht and Dean Henderson for their excellent work,

putting the Trust at the forefront of work on CPA nationally.

- 6.2 The QAC **RECEIVED** and **NOTED** the report and **AGREED** that the Board should receive a report in April 2018.

*Frank Rohricht and Dean Henderson left the meeting at 2:50 pm.*

## 7. Board Assurance Framework – clinical risks

- 7.1 Lorraine Sunduza introduced the report.

The QAC discussed the purpose and limitations of the current version of the BAF, commenting that:

- The BAF in its current form does not enable Non-Executive Directors to determine what they should be concerned about, and potential mitigating actions.
- The BAF should be less focussed on risks (the Corporate Risk Register is presented to the Board separately) and more focussed on assurance in relation to strategic objectives.
- The tendency to add risks ‘just in case’, should be addressed, recognising that risks may be captured via gaps in controls or assurance and do not need a separate risk statement.
- Despite its limitations, the ELFT BAF was complimented by the CQC; all Trusts find it challenging to develop a framework that Non-Executive Directors can use effectively as an essential ‘tool’ for their scrutiny work.

The Chair thanked those involved in redesigning the BAF.

- 7.2 The QAC reviewed high risk areas highlighted in the current BAF, and noted the following comments and clarifications:

- No improvement is discernible for any risk, but this is a reflection of the way measurement is done.
- 1.1: No gaps in control are shown currently re: risk of failing to improve quality of care, pending analysis of community mental health survey results.
- 1.3 It is counter-intuitive that District Nursing is repeatedly highlighted in workforce and performance reports as a problematic area but the BAF shows no gaps in control. Action being taken includes: moving staff from Jubilee ward (which is being closed), working with City University and the Queens Nursing Institute and giving a lead role to the new Director of Nursing for Integrated Care who takes up post in March 2018 following the retirement of Eirlys Evans.
- 1.5: Reports are received on gaps in QI spread but these are not reflected in the BAF.
- 1.6: The Trust Chair has raised the question of whether risk in relation to CQC compliance should be reviewed given that the CQC is re-inspecting more quickly than anticipated. Further information is awaited on the nature of the inspection.
- 1.9: This risk relates to the achievement of agreed CRES schemes (rather than the gap in identified schemes).

- 7.3 The QAC **NOTED**:

- the status of the clinical risks on the Board Assurance Framework
- that new strategic objectives developed for 2018/19 would form the basis for a

strategically-oriented BAF, expected to be in place from the beginning of the new financial year.

## 8. GDPR – Trust Preparedness

8.1 The Chair invited Chris Kitchener to introduce the report and to highlight the Trust's state of preparedness relative to other Trust work (e.g. preparation for the CQC visit and due diligence for newly-acquired services).

In discussion, the QAC noted that:

- The Trust's state of preparedness appears to be good. The Trust's compliance with the NHS Information Governance toolkit means that most areas in the new regulations are already complied with. This gives a high degree of confidence that the regulations will be met as required by May 2018.
- Gaps exist in relation to contracts and data flows, with action required to ensure contract and business development staff are aware of risks and responsibilities. Under the new regulations it will not be permissible to send Minimum Data Sets as at present.
- The timescale for responding to subject access requests will decrease from 40 to 30 days and there will be no charge, giving rise to budget pressure from lost income.
- The Information Commissioner's Office can increase fines to £25m or 4% of turnover.
- There are resource implications: a Data Protection Officer with the seniority to allow good access to the Executive, is required. Resources are also needed for training and creating policies for contract data flow (policies on record keeping, as inspected by the CQC, need little work).
- Tighter regulation of data flow has implications for work on population health and at STP level.
- The QAC is minded to develop processes for active consent to data sharing, rather than relying on deemed consent as permitted under the Health and Social Care Act 2012 (e.g. making a referral implies consent).
- The GDPR project team will include a workstream on active consent; this has yet to be scoped but will encompass IT systems and clinical dialogue. Reporting is to the IM&T Advisory Committee. The Interim Chief Medical Officer will keep clinicians up to date.
- Taken to the ultimate extreme, patients would need to hold their own notes.
- Domestic abuse and safeguarding procedures require clarity in relation to the new regulations.
- Legal companies such as Hempsons are promoting their services but there is as yet limited advice from the Information Governance Alliance.

8.2 The QAC **RECEIVED** and **NOTED** the report and **AGREED** that GDPR should be a standing item at future meetings (until May 2018) with subsequent updates to the Board.

## 9. Complaints and SIs mid-year report

9.1 Chris Kitchener introduced the report.

In discussion, the QAC noted that:

- There are 88 reports that are awaiting decision relating to the duty of candour. The Interim Chief Medical Officer will check on reasons for delay and progress.

**Action: Paul Gilluley**

- Further progress is needed to achieve the 48 hour turnaround target for comments on complaint responses.
- Having reviewed a selection of complaints, Non-Executive Directors are concerned about the staff turnover in the complaints team. To address this, an experienced complaints manager has been recruited and professional psychological support and debriefing are available each week to members of the complaints team. There are regular awaydays.
- Non-Executive review of complaints has value and consideration should be given to making this a regular responsibility. Consideration should also be given to compiling 'learning from complaints' reports for the Board, similar to those presented for Serious Incidents.
- There is a 'Learning from Complaints' event on 30 January 2018, to which Non-Executive Directors have been invited.

9.2 The QAC **RECEIVED** and **NOTED** the report.

## 10. Legal claims – 1 October 2016 – 30 September 2017

10.1 The report was presented by Jane Quinn. In discussion the QAC noted the following points:

- The highest number of open claims relate to community services in Newham, which had been anticipated to be low risk. There are implications for due diligence in Bedfordshire.
- Part of the clinical negligence claims relates to Urgent Care services.
- Claims are above the national average over the last 12 months and there has been a spike in their potential value.
- No figure has yet been received from NHS Resolution on the Trust's contribution to the scheme for 2018/19.
- There has been a large rise in the value of claims. Claims in respect of deceased patients may be in the order of 250k. An exceptional case of a patient who attempted to hang himself on a ward who survived led to an award of £10.5m for life long care.
- The value of claims is affected by the number of dependents and factors such as loss of care when children are bereaved and mortgage commitments. The profile of the population in Luton and Bedfordshire means that the value of claims may be high.
- Strategies are in place to minimise claimants' and legal teams' costs, which can exceed damages. Decisions on earlier admission of liability and out of court settlements are assisted by incident investigations.
- A relatively high proportion of staff claims do not proceed, due to lack of a firm basis for claiming.
- The average time to close claims is below the national average.
- Learning from claim incidents is being used in QI projects in Newham and Bedfordshire. Also, it has been the subject of a recent report to the Quality Committee and will be on the agenda of the Health and Safety Committee in February 2018.
- There is no single reason why claims are going up. Incidents are decreasing but inquests are rising, which offers a possible partial explanation.
- Learning on how staff are supported after an incident will be discussed by Paul Gilluley and Jenny Kay.
- The Committee asked that in future data is presented as run charts.

The Chair thanked Jane Quinn for her work, expressing appreciation for her long service and expertise.

- 10.2 The Committee **RECEIVED** and **NOTED** the report and **AGREED** to quarterly run charts showing trends on claims.

*Jane Quinn left the meeting at 15:35.*

**11. Internal audit progress report**

- 11.1 The QAC **RECEIVED** and **NOTED** the report.

**12. Quality Committee Exception Report**

- 12.1 The Chair congratulated Duncan Gilbert and Lorraine Sunduza on the report, which was set out in such a way as to fully allow the QAC to undertake its assurance role.

- 12.2 The QAC **RECEIVED** and **NOTED** the report.

**13. Any Other Business**

- 13.1 There was none.

**14. Issues to be brought to the Board's attention**

- 14.1 The QAC **AGREED** to bring the following matters to the Board's attention:

- Progress on complaints
- Update on CQC inspection
- Update on GDPR
- Quality Accounts – partnership relationships and communication.

**15. Date of Next Meeting**

Monday 25 January 2018

*The meeting closed at 4pm*