

REPORT TO THE TRUST BOARD: PUBLIC
23 July 2020

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| Title | Quality Assurance Committee 29 June 2020: Committee Chair's Report |
| Committee Chair | Jenny Kay, interim Committee Chair |
| Author | Cathy Lilley, Associate Director of Corporate Governance |

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 29 June 2020.

Issues to be brought to Board's attention

The Committee considered a range of items which primarily focused on quality and safety at the Trust since COVID-19 pandemic including an update on COVID, a deep dive into infection control, Board Assurance Framework - clinical risk, Quality Committee assurance report, learning from deaths, patient safety report, CQC update, and the internal audit report.

The Committee wished to draw the Board's attention to its discussions on:

Quality and Safety COVID-19 Update::

- The Committee received a detailed update on the Trust's response to COVID specifically focusing on patient safety and quality
- ELFT is now moving to phase 2 of the pandemic management, learning from the spike and needs of the population we serve through the establishment of a series of workshops: shaping services for the future, leadership, inequalities, the future of work and co-production
- Teams are implementing changes locally and retaining some of the innovations introduced, particularly in relation to digital infrastructure
- Assurance was provided that preparations have commenced for flu vaccinations campaign and larger quantities than usual have been ordered as it is anticipated there could be more demand for vaccinations since the pandemic which could also result in shortages
- It was not possible to make a direct comparison of the different death rates on Sally Sherman and Colombia Wards as both the environment and patient acuity are different
- The pattern in Bedfordshire is different to London. There are still new outbreaks in Bedfordshire, particularly in care homes, and numbers have not reduced to the same degree as London so not possible to make direct comparisons
- The committee asked if any learning is going on across other mental health Trusts and were informed there is some London-wide collaboration and East of England mental health specific learning but both are currently light on data.

Deep Dive – Infection Control

- The Trust started COVID preparedness before it was declared a pandemic. In the early stages the Trust was learning and adapting daily to ensure the safety of patients and staff
- There is continuous guidance being communicated about infection control to ensure staff are reassured that they are following the latest safety information; this guidance is adapted for the various operating areas of the Trust
- Infection control was one of the workstreams reporting directly into Gold command, operating procedures were developed through the clinical workstream, and a dashboard developed to help with decision-making
- There were outbreaks on two wards; the teams worked together on a learning lessons review. The Director of Nursing holds weekly meeting with senior nurses and consultants to understand the changes and the learning
- NHSE/I have developed an infection control Board assurance framework to help Trust Boards to assess the work being undertaken which will be a useful measure and assurance tool

- Assurance was provided that the Trust has the appropriate level of specialist knowledge and experience including a microbiologist and specialist infection control nurses
- There is work going on to look at the future of work, particularly whether the Trust's environments can lend themselves to social distancing
- Actions are being taken to reduce risks on mental health wards, where social distancing can be difficult including cohorting of people, sourcing of different types of PPE such as clear masks so faces can be seen, tabbards/aprons marked clearly with names, etc
- The focus on infection control has resulted in community and mental health services supporting each other and working closely together.

Board Assurance Framework - Clinical Risk

- Additional workstreams established helping with the Trust's response to phase 2 of COVID
- Infection control Board assurance framework has been developed and will be monitored through the Quality Committee
- The Committee requested a further review of the control and assurance arrangements, and to articulate if there are any resultant gaps in assurance.

Quality Committee Assurance Report

- QAC receives assurance through this Committee's report on operational and management processes in respect of quality and safety issues
- Recent focus has been on the impact of COVID on current systems, infection control Board assurance framework, CQC compliance inspection readiness with a quality and safety lens
- Fortnightly meetings being held with the CQC to provide an overview of the actions the Trust is taking forward and also to highlight any risks. CQC visits remain virtual and CQC are considering how visits will be managed in future.

Learning From Deaths Q4:

- 561 deaths in total for Q4 of which 432 were expected deaths and 129 unexpected deaths, 17 of which were being investigated as SIs
- 31 inquests concluded during Q4
- 242 expected deaths subject to a Structured Judgement Review relate mainly to patients in the 66-100 years age group with cancer being the most common cause of death in both males and females across the Trust
- 11 LeDeR reportable deaths during Q4: 2 in community health services, 2 in mental health services and 11 where the patient was under a learning disability service
- Three areas of learning identified were:
 - ✓ Poor identification of deteriorating physical health
 - ✓ Poor communications
 - ✓ Poor compliance with resuscitation policy
- The expected death figures for Q4 show a significant increase over the same period in the previous year. A review into these excess death rates is being undertaken
- Total of six suspected suicides reported in a six week period which were largely due to a spate in Hackney. There has not been any major increase in other areas. During lockdown there has been an increased clinical awareness of suicide factors when doing assessments. In January this year the Trust appointed a lead for suicide prevention and is looking at how the Trust can raise awareness of suicide prevention
- In response to a question by the Committee, it was agreed that the Trust's concerns regarding the effectiveness of the LeDeR reports systems be escalated to NHSE/I
- Assurance was provided that as a result of COVID, there is a greater awareness of and attention is now given to physical healthcare of service users. This is covered in the patient safety report and at the Ethics Committee
- The recording of COVID deaths as either expected or unexpected depends on the circumstances at the time of death, e.g. if the patient is on an end of life pathway, then the death would be recorded as expected
- The Committee commended the report which provided the appropriate levels of detail and

assurance.

Patient Safety Report April-May 2020

- There had been no independent reviews published during this period
- There were three Panel Led Comprehensive Serious Incident reviews
- There were 25 incidents reported, 18 deaths, nine being likely suicides of which five were in Hackney and the majority of those were not known to Trust services
- In response to the learning from on of the cases reported on, the Committee recommended that system learning issues are included in future reports
- The Committee noted investigations had been delayed due to COVID but the Trust is now back to normal practice for SIs.

CQC Update*

- The committee received and discussed the focussed report following the CQC visit to mental health inpatient wards and community health in Bedfordshire in November 2019
- There was good feedback about staff and the care they deliver
- There were three 'must do' actions and seven 'should do' actions
- When the Trust inherited these services there were already a high number of actions and the Trust has done really well and assured the CQC on the work being done. This action plan will be included in the general CQC well-led action plan

* *A report is also being presented as an agenda item at the Trust Board in public on 23 July 2020.*

Previous Minutes

The approved minutes of the meeting held on 5 May 2020 are available on request by Board Directors from the Associate Director of Corporate Governance.