

Quality Assurance Committee

Minutes of the Quality Assurance Committee

held on Monday, 10 September 2018 from 13:00 – 15:30

in the Conference Room, Charter House, Alma Street, Luton LU1 2PJ and by teleconference

Present:

Mary Elford	Non-Executive Director (Committee Chair)
Paul Calaminus	Chief Operating Officer
Steven Course	Chief Finance Officer
Dr Navina Evans	Chief Executive Officer
Mason Fitzgerald	Director of Planning and Performance
Marie Gabriel	Trust Chair (by telephone)
Sarah Howe	RSM, Internal Audit
Jenny Kay	Non-Executive Director
Lorraine Sunduza	Chief Nurse

In attendance:

Rana Begum	Lead Nurse – Infection Prevention and Control
Dr David Bridle	Medical Director, London MH Services, for Dr Paul Gilluley
Richard Fradgley	Director of Integrated Care
Duncan Gilbert	Head of Quality Assurance, for Amar Shah
Cathy Lilley	Associate Director Corporate Governance
Nicola McCoy	Corporate Secretariat Manager
Claire McKenna	Director for Nursing
Edwin Ndlovu	Borough Director, Tower Hamlets (item 6)
Carmel Stevenson	Associate Director of Nursing – Older People
Rosalind Tatam	Corporate Minute Taker

Apologies:

Ken Batty	Non-Executive Director
Dr Paul Gilluley	Chief Medical Officer
Dr Amar Shah	Chief Quality Officer

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, especially Rana Begum and Edwin Ndlovu, who were attending to present their reports.
- 1.2 Introductions were made.
- 1.3 Apologies were received as noted above.

2 Declarations of interest on items on the agenda

There were no declarations other than those in the standing list of declarations.

3 Minutes of previous meeting held on 25 June 2018

The minutes of the meeting held on 25 June 2018 were **APPROVED** as a correct record.

4 Action Log and Matters Arising from the Minutes

4.1 The Committee noted:

- The updates to the action log
- 'Operational' actions would be removed from the Action Log following review by the operational leads; members would be informed by email
- Part of the assurance role of the Committee is to ensure that operational matters are completed promptly, particularly where an incident or complaint has identified previous issues.

4.2 Matters Arising

There were no other matters arising not otherwise on the agenda.

5 "Making sense of Integrated Care" Update

5.1 Richard Fradgley presented an update on the integrated care agenda and in particular on the framework for person-centre coordinated care in the Trust. He highlighted:

- Integrated care is a national and Trust priority reflecting ELFT's strategic aim of improving population health outcomes
- To provide joined up care for service users across organisations and professions is complex in practice given the legal, financial, contractual, regulatory and professional context within which integrated care is to be delivered
- The Trust is involved in two STPs, five CCGs, seven local authorities and six place-based systems with numerous health and care partners in each
- The complexity is compounded by the varying definitions of an 'Integrated Care' service
- Integrated care is not relevant or important to everybody; it is more important to people who have more complex health and/or care needs who are as a consequence likely to be in touch with more services
- A localised model of multi-disciplinary team working across mental health, community health and social care organised around general practice populations is being developed within 'neighbourhoods' with an emphasis on prevention and population health improvement
- The national planning requirement for this year is a focus on the most frail users who have the greatest number of multiple and long-term conditions; the challenge is the multiplicity of the spectrum of requirements to be developed
- Five challenges: the variability between localities; the IT differences between providers with IT being seen as a key enabler; there is not a shared care plan; the need to ensure that mental health is also routinely considered; and the engagement of front line staff to understand the complex concept.

5.2 In discussions the Committee noted:

- The importance of IT and data sets in providing integrated care across a range of organisations. Digital roadmaps in the two STPs are at differing stages: solutions are being developed by the Luton partnerships
- The welcomed 'underpinning beliefs statements could be balanced by a 'gap analysis' on the main inhibitors to integrated care
- Drug and alcohol misuse, whilst a limited and specialist service in ELFT, feature more significantly in the workload of community services, and it may be that ELFT could provide greater support to GPs. An analysis on the prevalence of drug and alcohol misuse among Tower Hamlets Together service users may be a first stage in scoping this
- Integrated care for children and young people's services is in its infancy compared to that for adults' services; the steps being taken towards integrated care in children's services to be included in the next report to this Committee on integrated care

ACTION: Richard Fradgley

- People participation in ELFT is the most developed (particularly in mental health) among all agencies in the STPs and is nationally recognised which is a good basis for the Trust to take a leadership role in both STPs
- Research from people with lived experience demonstrates the added-value of an integrated care approach, and its overlap with other aspects of the Trust's Strategy
- Future reporting together with required outcomes which are to be used to measure progress in the development of integrated care to be identified together with consideration of the appropriate reporting to the Board, this Committee and other Board Committees and the Board
ACTION: Richard Fradgley
- A summary of the presentation would be circulated as a briefing to the Board prior to a presentation and discussions at a future Board Development Session and/or Board meeting
ACTION: Richard Fradgley/Marie Gabriel

5.3 The Committee **RECEIVED** and **DISCUSSED** the presentation, and thanked Richard for his informative presentation.

5.4 Richard Fradgley left the meeting after this item.

6 Quality and Safety Report: Tower Hamlets Community Mental Health Services

6.1 Edwin Ndlovu presented the report on the Community Mental Health Services provided by the Trust in Tower Hamlets. He highlighted:

- The increasing size of the directorate following the successful acquisition of new services
- The service also includes the Community Learning Disability Service which is an integrated service delivered in partnership with London Borough of Tower Hamlets
- The Trust is a partner and contributor to the Tower Hamlets Together Partnership which is working towards more integrated population focused health and social care in the Borough
- The strong relationships with GPs
- The increasing demand for inpatient and community mental health services within the population
- The increased number of incidents of violence and aggression (1205 incidents over the twelve months to the end of March) is partly attributable to staff being more likely to record incidents than previously
- Some of the ongoing challenges, including:
 - the work towards a single point of access
 - the identification of future Cash Releasing Efficiency Savings (CRES)
 - a dip in staff morale due to the significant growth in the directorate
 - the double-entry IT data recording required due to two IT systems
 - the additional pressures due to admitting patients from other areas (including with providing their equipment and support on discharge).

6.2 In discussion the Committee:

- Noted the stark distinctions between complaints that are 'upheld', 'partly upheld' and 'not upheld' could be seen as indicative of an adversarial approach, and not helpful to the complainant; consideration should be given to how these are represented in future reports
- Noted the stated desire by inpatients for more activities during the day; the details of weekend and weekday activities could be consolidated, and users be asked about the type of activities preferred, prior to an assessment of provision of future activities
- Commended the 'Dream big' project to improve the quality of sleep on Lea

Ward, and it was proposed that the use of thicker curtains may also assist.

6.3 On behalf of the Committee, Mary Elford thanked Edwin for the helpful report and presentation that demonstrated the significant achievements during the last year.

6.4 The Committee **RECEIVED** and **DISCUSSED** the report.

6.5 Edwin Ndlovu left the meeting after this item.

7 Mental Health Services for Older People Across the Trust Update Report

7.1 Carmel Stevenson presented an overview of the developments in Mental Health Services for Older People (MHCOP) across the Trust. She highlighted:

- A number of successful major changes in both community and inpatient services in recent years
- The difficulties in future staff recruitment (particularly an issue for qualified posts on wards in Luton and Bedford); however, innovative ways to fill the gaps are being considered including the Apprentice role
- The challenge of a broader skill base in order to respond to both functional needs and mental health
- The provision of appropriate activities for inpatients
- The demands of much younger patients with early-onset dementia alongside older people who are very frail with a high risk of falls.

7.2 In discussion the Committee noted:

- The concern among staff about their “losing their professional identity” had been addressed to some extent by the appointments of a Lead Psychologist, Lead Psychiatrist and Director of Nursing
- The strategy in approaching universities specifically to attract recruits to work in Older People’s Services (as over 40% of these employees are likely to retire within five years)
- The assurance that best practice in Older People’s Services was being shared with new staff
- Unnecessarily lengthy stays on wards were being addressed
- The use of the Deprivation of Liberty Safeguards (DoLS) is currently being reviewed nationally.

7.3 On behalf of the Committee, Mary Elford thanked Carmel for the informative presentation and for her consistent leadership throughout this period of change.

7.4 The Committee **RECEIVED** and **DISCUSSED** the report.

8 Infection Prevention and Control (IPC) Annual Report 2017/18

8.1 Rana Begum presented the Infection Prevention and Control Annual Report for 2017/18 and highlighted:

- The close monitoring of cleaning done under contract; audit scores maintained at above 95%
- The absence of significant incidents or outbreaks of healthcare associated infections among inpatients
- The improved seasonal ‘flu immunisation rate (to 67%) for staff
- For the year ahead:
 - the national strategy to reduce Gram-negative bloodstream infections
 - the ELFT programme to reduce microbes in catheter use
 - the staff immunisation target of 75%.

8.2 In discussion the Committee noted:

- That testing for blood-borne viruses is routinely done on admission to sexual health services and to Forensics, but not where there is no local provision of services for onward referral
- Paul Calaminus agreed to research the current knowledge at population level of blood-borne viruses, and also the provision of tailored access for people with Learning Disabilities to allied services such as phlebotomy or immunisation

Action: Paul Calaminus

- In future training may be arranged for Care Co-ordinators in identifying infections (and responding to bed bug incidents).

8.3 Mary Elford thanked Rana Begum and Carol Shannon for the comprehensive and positive report, and in particular Rana for her informative presentation, noting that she had only recently joined the Trust.

The Committee **RECEIVED** and **NOTED** the report.

9 General Data Protection Regulation (GDPR) Update

9.1 Mason Fitzgerald provided a verbal update on steps taken since the Annual Information Governance Report to the Trust Board on 11 July, highlighting that the new Data Security and Protection Toolkit (as published in June) integrates the previous Information Governance Toolkit and the GDPR compliance requirements.

9.2 The Committee noted:

- Internal Audit's assurance that ELFT's compliance was in line with that of other clients of RSM
- The work plan that includes updating the Information Assets Register and the mapping of information flows will be assessed by Internal Audit between December and February 2019
- Chris Kitchener has recently been appointed as the Associate Director of Information Governance which includes the DPO role
- A report will be presented at the QAC December meeting that will include an update on the initial submission of the new DSPT and an update from Internal Audit.

ACTION: Mason Fitzgerald

9.3 The Committee **RECEIVED** and **DISCUSSED** the verbal update

10 Board Assurance Framework (BAF): Clinical Risks

10.1 Paul Calaminus and Lorraine Sunduza presented the two risks on the Board Assurance Framework relating to the strategic outcome *improved experience of care* for which the Quality Assurance Committee has been assigned as the lead committee.

10.2 In discussions on Risk 3 *failure to effectively work with patients and local communities in the planning and delivery of care results in services that do not meet the needs of local communities*, the Committee:

- Noted that service user groups are developing an accreditation process as an additional source of assurance
- Noted the phrase "patient engagement" will be replaced by "people participation"
- **AGREED** that the target score be reduced from 12 to 9 for R3

10.3 In discussions on Risk 4 *failure to maintain essential standards of quality and safety results in the provision of sub-optimal care and increases the risk of harm*, the Committee noted:

- The action being taken to develop and implement a Trust-wide learning lessons framework and feedback loop that will enhance the triangulation of information

from various sources (including the Executive and Non-Executive Walk Rounds) to support learning across the Trust

- ELFT is working with two other Trusts in peer-reviews of quality to provide further insight into the quality of the Trust's services and provide additional assurance
- A review of patient safety with IHI is being undertaken and the themes will be used in the Trust-wide learning seminar
- The 'assurance' column on the BAF will be updated to include 'follows NICE Guidelines'.

10.4 In general discussions the Committee noted:

- Any risk on bed occupancy and on waiting times would be included in the Corporate Risk Register (CRR) which is currently being developed
- The BAF in its entirety is reviewed by the Audit Committee
- Consideration will be given as to whether there are cross-cutting themes (such as workforce, IT, human rights, equality and diversity) and how these would be considered by the relevant committees.

ACTION: Mason Fitzgerald

- CRES QIAs to be presented at October QAC meeting

ACTION: Paul Calaminus

The Committee:

- **RECEIVED** and **DISCUSSED** the report
- **AGREED** the reduction to R3 target score from 12 to 9
- **AGREED** that appropriate controls are in place and operating effectively.

11 Internal Audit Progress Report (September 2018)

11.1 Sarah Howe presented the Internal Audit Progress Report together with the final report on their Internal Audit on Community Health Service (London) Governance.

11.2 The Committee noted:

- The 'substantial assurance' conclusion in relation to the internal audit on Community Health Service (London) Governance
- There are two areas for further work:
 - Finalising and agreeing the formal set of KPIs for Tower Hamlets CHS
 - Improving the recording of Governors Borough Directors meetings in Tower Hamlets to ensure they are sufficiently detailed and actions are recorded for follow-up at subsequent meetings
- Paul Calaminus is liaising with Borough Directors and will report back on any themes raised during Governor Borough Directors meetings across the Trust
ACTION: Paul Calaminus
- Although every service aspires to send automated text reminders for clinic appointments, only around 8% of services are currently able to do so; plans are in place for a number of other services to do so in future using EMIS templates.

11.3 The Committee **RECEIVED** and **NOTED** the report.

12 Quality Committee Exception Report (June to August meetings)

12.1 Duncan Gilbert presented the Quality Committee exception report for meetings held in June, July and August 2018.

12.2 The Committee noted:

- A reduction in the number of complaints received. In order to provide a more meaningful analysis, it is intended to include PALS statistics to see if there is any synergy in trend.

- A system is being planned to collect feedback from stakeholders on their experience of the complaints process
- In the light of the reduced engagement levels with the Friends and Family Test, a Quality Improvement project to enhance participation has commenced. An update will be presented at the Quality Assurance Committee in December
- The positive PLACE scores which are better than the national average. An action plan for addressing specific issues at the Archer Unit in Bedfordshire is in place.

12.3 In discussion the Committee noted:

- The difference in some cases between the positive measures of the minimum standards of provision and house-keeping given under the PLACE annual inspections, and the managerial and NED view of issues relating to buildings and estate
- NED to be identified to support Jenny Kay in the annual review of complaints which is due to take place in November.

Action: Marie Gabriel

12.4 The Committee **RECEIVED** and **NOTED** the report.

13 Quality Assurance Committee Forward Plan 2018/19

13.1 The Committee:

- Endorsed its Forward Plan 2018/19, as circulated in advanced
- Noted that a review of the reports to be presented to the Committee will be undertaken to ensure alignment with Board and other Committee meetings and effective information flow.

Action: Paul Gilluley/Cathy Lilley/Amar Shar/Lorraine Sunduza

14 Any Other Business

14.1 Duncan Gilbert agreed to send to Mary Elford the dates for Quality Committee meetings to the end of the year.

Action: Duncan Gilbert

14.2 There were no additional items.

15 Issues to be Brought to the Board's Attention

15.1 Cathy Lilley to advise on (any) additional issues to be brought to the Board at a later date (none being urgent for the meeting on 12 September).

16 Dates of Next Meetings

1 November 2018

10 December 2018

The meeting closed at 15:25