

Quality Assurance Committee

Approved Minutes of the Quality Assurance Committee meeting held on Monday 12 June 2017, at 14.00, in the Boardroom, Trust Headquarters, 9 Alie Street, London E1 8DE

Present:	Mary Elford	(ME)	Non-Executive Director (Committee Chair)
	Jenny Kay	(JK)	Non-Executive Director
	Ken Batty	(KB)	Non-Executive Director
	Marie Gabriel	(MG)	Trust Chair
	Jonathan Warren	(JW)	Chief Nurse & Deputy Chief Executive
	Kevin Cleary	(KC)	Chief Medical Officer
	Paul Calaminus	(PC)	Chief Operating Officer
	Navina Evans	(NE)	Chief Executive Officer

In attendance:	Clive Makombera	(CM)	Internal Audit Director (RSM)
	Georgia Denegri	(GD)	Interim Trust Secretary
	Chris Kitchener	(CK)	Associate Director of Governance and Risk Management
	Dean Henderson	(DH)	Borough Director, City and Hackney (item 5)
	David Bridle	(DB)	Clinical Director, City and Hackney (item 5)
	Rosalind Tatam	(RT)	Corporate Minutes Taker

Apologies:	Steven Course	(SC)	Chief Financial Officer
	Mason Fitzgerald	(MF)	Director of Corporate Affairs

1 Welcome and apologies for absence

The Chair welcomed everyone present. Apologies were received as noted above.

2 Declaration of interests for items on the agenda

JW declared an interest as holding a contract with the Care Quality Commission, and ME for being a Non-Executive Director of Health Education England.

3 Minutes of the last meeting held on 3 April 2017

The minutes of the meeting held on 3 April 2017 were approved as an accurate record of the meeting subject to an amendment that KB had been present for the whole of that meeting.

4 Action Log and matters arising from the agenda

Action Log

The Committee considered and updated where required each action on the action log. Updates included:

- Actions 70 and 71 - Addictions Services: Update provided on work to date in Dual Diagnosis and the Transition from Children's to Adult Services. Team effort from all partners is required to bring improvements and this will take time. An update on progress will be added to the action log for the September 2017 QAC meeting.

Action PC

- Action 75 – Draft Quality Accounts: The action was to add the learning from Qi projects and this was completed. As a matter arising, the Committee discussed the request by more Healthwatch organisations in the areas the Trust provides services to also give feedback on the Quality Accounts. It was noted that in accordance with the national guidance, the Trust is required to seek feedback only from the Healthwatch where the Trust headquarters are based; for ELFT this is Tower Hamlets Healthwatch. Nonetheless, as the Trust is keen to involve as many of its stakeholders, it was agreed that from next year a meeting will be scheduled and all Healthwatch organisations will be invited to discuss and feedback on the trust's Quality Accounts.

Action: KC

- The Committee further asked to see the responses to the Healthwatch feedback.

Action: KC

- Action 76 - Board Assurance Framework: A meeting has been scheduled among officers to work on the refresh of the BAF. As the relevant session which was scheduled at the previous Board Development had to be deferred, another session to be planned so the Board can also revisit the strategic objectives.

Action: GD

Matters arising:

- Visits – It was agreed that a visit to Luton services will be organised for the morning of 25 September 2017 (i.e. in the morning of the next QAC meeting which will be held in Charter House in Luton). **Action: GD**
- Learning Disabilities Project Board – An update will be considered by the Service Delivery Board before being brought to the QAC. ME noted she will be visiting the Learning Disabilities service in Luton and Bedfordshire shortly.
- Early deaths from physical conditions – An update to be scheduled. **Action: KC**
[post meeting note: Scheduled on the Board agenda in October 2017.]

All other matters had been completed or were on the agenda.

5 Service Quality and Risk Report – City and Hackney Adult Mental Health Services

DB and DH introduced the City and Hackney Adult Mental Health Services' Quality and Risk Report, and highlighted the following:

- Impressive achievements and service developments in the last year, including the transfer of services back from the (now-closed) Mental Health Care for Older People Directorate;
- Ongoing pressure continues with increasing numbers of referrals (107 in a single week);
- Staff are concerned that the loss of the Assertive Outreach Service (AOS) might lead to an increase in hospital admissions, and to a heightened risk of a serious incident in the community.

In response to questions from the Committee it was clarified that:

- The AOS was a very effective team, and its closure was a difficult decision, but this was agreed with the Clinical Commissioning Group (CCG) as the 'least worst option' to make the necessary financial saving – its focus has been incorporated into mainstream

services;

- A consistent format is being adopted across all Borough Directors meetings with Trust Governors. Meetings will be cancelled if fewer than three Governors are present;
- Structures are in place to ensure that key learning from across the Trust is shared and disseminated to all teams. Learning is also disseminated through the Chief Medical Officer's alerts, the Medicines Committee and Trust-wide seminars;
- With regard to slippage in the number of staff attending statutory and mandatory training, it was noted that this is now monitored on a monthly basis. A report on education and training is scheduled at the next Board meeting;
- Unhappiness with the quality and quantity of inpatient food (including the 'monotony' of a fortnightly menu for long-stay residents) continue to be raised, despite significant input into liaison with the new supplier;
- Waiting times have shown sustained improvements as a result of a Quality Improvement (QI) project, except for psychological therapies – and another QI is commencing to consider options for psychological therapies;
- The business case for the closure of Cedar Ward will be submitted to the Hackney CCG, and later to the wider health community;
- Bed occupancy remains high, but only rarely has it been necessary to use a bed outside the Borough. The picture is fluctuating with availability in the last three-four weeks.

It was **AGREED** that:

- The 'red-rated' risk arising from low attendance at statutory and mandatory training to be added to the Directorate's Risk Register.

Action: PC

The Committee thanked Dean Henderson and Dr David Bridle for the full and detailed report and their time to attend the Committee meeting to discuss the work of the directorate.

The Committee **NOTED** the report and the assurances provided.

DB and DH left the meeting.

6 Luton and Bedfordshire Mental Health and Wellbeing Services – Integration Update (verbal report)

PC updated the Committee on progress of the Bedfordshire and Luton integration and reported on the achievement of the quarterly figures in Bedfordshire, including the achievement of IAPT (Improving Access to Psychological Therapies) targets. He further updated on the redesign of the community mental health services, the work with the local authorities on the Approved Mental Health Professional (AMHP) services, and the work with the provider of substance misuse services for appropriate service users with a dual diagnosis.

In discussion it was confirmed that:

- The Community Rehabilitation service has extended its opening hours;
- Two Mental Health Act visits by CQC reported issues with the ward leadership and variable consistency in terms of care planning and risk assessments; these are being addressed;
- Additional funding has been granted for liaison with Accident and Emergency departments;

- Recruitment of 30 nurses starting in August and September is complete, but recruitment to some consultant and psychology vacancies remains challenging. Should this problem continues, an alternative model may be required for delivering CAMHS. It was noted that recruitment gaps and vacancies are regularly monitored by the Appointments and Remuneration Committee.

The Committee **NOTED** the report.

7 **Quality Impact Assessment Tool and Proposals for CRES (Cash-Releasing Efficiency Savings) Proposals**

KC presented the proposed revised tool for assessing the quality impact of planned CRES savings. The tool will be completed by services, for submission to the Chair of the Quality Assurance Committee, with a governor representative, and KC.

The revised tool was welcomed by the Committee. The following amendments were suggested for consideration:

- A greater emphasis on recovery and prevention;
- An assessment of capacity within the leadership team;
- Involving a People Participation Lead or service user representative in reflections of implications at an early stage.

The following actions were agreed:

- MG to provide the name of the governor representative to KC. **Action: MG**
[Post meeting note: Public Governors Adrian Thompson and Larry Smith will represent the Council and can be contacted through the Membership Office].
- A CRES Review meeting to be scheduled **Action: KC**

The Committee **NOTED** the Proposal.

8 **Update on the Tower Hamlets Neighbourhood Care Team Pilot**

JW introduced the report on the pilot in Tower Hamlets of a Neighbourhood Care Team – learning from the Buurtzorg approach from the Netherlands, which is funded as part of the Tower Hamlets Together Vanguard and Health Education England, and commenced taking referrals on 1st June. In discussion it was confirmed:

- Quality assurance is to be obtained through triangulation of data, including the standard Datix reports;
- The pilot's evaluation will be carried out using a research protocol devised in partnership with University College London Partners.
- NE advised that the Kings Fund is considering a joint evaluation project with the Trust on community nursing.
- JK would like to visit the team in the autumn and meet the researcher, the team manager and one of the GPs.

The Committee **NOTED** the update.

9 Board Assurance Framework (BAF) May 2017 – clinical risks

JW introduced the streamlined BAF, showing the clinical risks. He noted that revisions to the template are under active consideration, strategic objectives will be aligned with the risks identified, and these will inform high level planning decisions across the Trust, as well as being a public record of assurance.

In discussion some revisions were agreed and it was proposed:

- There should not be any 'gaps in controls' left blank;
- The wording of the question in the template "Gaps in controls/assurance" may be amended, to reflect more closely the position for some long-term, but actively managed, ongoing risks;
- The text to clarify where the score given is a composite from diverging trends in different localities, and ensure that the steps taken during the year are clearly stated (with dates);
- A RiO module to track compliance with National Institute for Clinical Excellence (NICE) guidance is to be piloted shortly;
- Changes to planning made during the year as a result of innovation to be incorporated in the following quarter;
- The risks around premises should be broadened to include staff office accommodation as well as the premises risks for service users' accommodation;
- Strategic planning should consider the future for as far as twenty five years hence;
- Further changes to ensure the value of the BAF as a tool for this Committee may be assisted by benchmarking with another Trust that uses their BAF successfully.
- Clive Makombera offered to assist with the review of the template and refresh of the BAF.

Action: JW

The Committee **REVIEWED and ENDORSED** the changes to the risk scores, and **NOTED** the ongoing work to refresh the BAF.

10 Internal Audit Progress Report

CM introduced the Internal Audit Progress Report, setting out the scope of the proposed assignments during the current financial year. Bearing in mind the difficulties experienced across the NHS in May, it was confirmed that the risks around cybersecurity breaches will be assessed as part of the Information Governance Toolkit audit.

The Committee **NOTED** the report.

11 CQC Action Plan Update

JW presented the fully documented update on the implementation of actions arising from the CQC's comprehensive inspection in June 2016. NE advised that the changes in culture achieved through the CQC preparations have been incorporated into current practices in a number of ways. JW noted that the '*Must Do*' actions have been verified independently. He confirmed that the revised procedure for the ongoing monitoring of CQC compliance, and the

methodology to assess readiness for future inspections, will be rolled out from July.

Concerns noted in discussion included:

- The very high rate of Electronic Monitoring (EM - also known as tagging) for escorted leave of Forensic service users, giving the risk of suggesting universal use of EM in these cases;
- Further work is required on the Learning Disability ward, and that the use of restraints for children and young people is fully recorded and reviewed;
- Waits for the Memory Assessment Service in Bedford are still unacceptably high, and discussions are being held with Commissioners.

The following actions were agreed:

- Enquire whether a report may be run on Datix (for incidents of violence, aggression or other unacceptable behaviours) to capture the gender of the member of staff and the service user, in assessing the risk to staff well-being of sexually intimidating behaviours of inpatients at the John Howard Centre. NE advised that a small working group, already looking at women's experiences across the Trust, will also encompass the experiences of male nurses.

Action: KC

- Schedule a verbal update at the next QAC meeting in September on cross-cutting issues with CQC compliance and preparations, and any exceptions to bring to the Board's attention.

Action: JW/GD

The Committee **NOTED** the report with thanks.

12 Quality Committee Exception Report

The Exception Report from the Quality Committee meetings held from March to May was noted. The Committee asked that future reports highlight exceptions and provide assurance that these have been addressed.

Action: JW

The Committee **NOTED** the report.

13 Draft Committee Forward Plan

A meeting to be scheduled between JW, ME and JK to develop further the Committee's forward plan, including assurances on compliance with mental health law.

Action: JW/ME/JK

14 Any Other Business

None reported.

15 Issues to be brought to the Board's attention (issues of limited assurance or risks identified, sections to be referred to the Board or other committees)

The Chair will discuss with the Trust Secretary.

16 Date of next meeting:

Monday 25 September 2017, 13.00 to 15.30, at Charter House, Luton (with videoconference availability from Alie Street).

