

## Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Thursday, 19 April 2018 from 13:00 – 15:30 in the Board Room, Trust Headquarters, 9 Alie Street, London E1 8DE

**Present:**

Mary Elford	Non-Executive Director (Committee Chair)
Marie Gabriel	Trust Chair
Ken Batty	Non-Executive Director
Jenny Kay	Non-Executive Director
Narina Evans	Chief Executive Officer
Paul Calaminus	Chief Operating Officer (until 3pm)
Mason Fitzgerald	Director of Corporate Affairs
Paul Gilluley	Chief Medical Officer
Lorraine Sunduza	Interim Chief Nurse
Amar Shah	Chief Quality Officer

**In attendance:**

Phil Baker	Interim Head of Forensic Services
Kate Corlett	Associate Medical Director, Quality RSM
Sarah Hawe	RSM
Andrea Goldsmith	Interim Trust Secretary
Elizabeth Holford	Corporate Minute Taker (minutes)

**Apologies:**

Steven Course	Chief Financial Officer
Chris Kitchener	Associate Director of Assurance
Clive Makombera	Internal Audit Director

*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 Dr Kate Corlett who was attending to present an item on holistic care for ELFT patients.

1.2 Apologies were received as noted above.

### 2 Declarations of interest on items on the agenda

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

### 3 Minutes of previous meeting held on 5 February 2018

3.1 The minutes of the meeting held on 5 February 2018 were **APPROVED** as a correct record, subject to the following amendments:

Para 5.4 Action should be added, Paul Calaminus to ensure that quarterly Directorate reports are shared.

**Action: Paul Calaminus**

Para 6.1 Safeguarding Review second bullet point: reword the statement in relation to the current mental capacity and deprivation of liberty safeguards to be more specific and auditable

**Action: Lorraine Sunduza**

## 4 Action log and matters arising from the minutes

### 4.1 The action log was updated as follows:

#### Action ref. 80 Quality Accounts and Healthwatch

The Committee noted that:

- Healthwatches for the East London boroughs meet together but those for Luton and Bedfordshire do not.
- Quality Account feedback from Healthwatches is visible only at Board level and via commissioner meetings where feedback is triangulated with other information.

The Committee **agreed** that:

- Paul Gilluley to follow up outstanding action (organise feedback meeting with Healthwatches to which NEDs should be invited).
- Healthwatch feedback should be included in the template for Directorate quality reports to the Quality Assurance Committee.

**Action: Paul Gilluley**

#### Action ref. 102 Serious Incidents / Mortality Review Committee

The Committee received confirmation that:

- Jenny Kay will provide Non-Executive Director input to both the Serious Incident and Mortality Review Committees.
- This arrangement had been discussed by Navina Evans and Marie Gabriel and received support from the CQC.

#### Action ref. 105 eCPA update

The Committee noted that:

- The Audit of eCPA will not consider how well the new process picks up the physical health needs of mental health patients.

The Committee **agreed** that:

- A report on the findings from audit of eCPA should be presented to the Committee on 25 June 2018

**Action: Paul Calaminus**

#### Action ref. 106 Duty of Candour (Complaints and SIs mid-year report)

The Committee noted that:

- Paul Gilluley and Lorraine Sunduza are completing work to ensure common understanding of the meaning of 'Duty of Candour'.
- The Committee agreed that this action should be closed.

#### Action ref. 109 Quality and Safety Report format

The Committee agreed that:

- Lorraine Sunduza should send a draft of the proposed new format to Mary Elford for comment prior to the report being considered at the next QAC meeting.

**Action: Lorraine Sunduza**

### Action ref.108 Newham Quality and Safety Report

The Committee agreed that:

- The Board Secretary should follow up outstanding action for the Borough Director Newham (Gill Williams) to report back to Jenny Kay.

**Action: Board Secretary**

### Action ref. 110 Real-time reporting

The Committee agreed that:

- Mason Fitzgerald should establish progress from the Chief Information Officer (Daniel Woodruffe) and update Mary Elford via email.

**Action: Mason Fitzgerald**

## **5 Quality and Safety Report – Forensics**

- 5.1 The Head of Forensics (Dr Phil Baker) introduced the report, highlighting aspects relating to assurance on quality of care.

From the introduction, the Committee noted that:

- Restructuring has settled in.
- There had been two recent CQC inspections, with the CQC being satisfied with action taken since its 2016 inspection.
- QI projects on reducing violence is key to improving staff's working environment and enjoyment of work.
- Physical environments have been improved to create a welcoming feel, though the buildings commissioned in the 1980s and 1990s present challenges in providing a good environment compared to the other buildings.
- CQUIN targets on service user involvement and recovery have been met but there is further work to do with carers and family therapy.

The Committee discussed emerging issues and themes. Points noted in response to questions and clarification were:

### 5.2 New models of care partnership

- ELFT is one of four Trusts in a partnership which is developing a joint quality improvement strategy in the context of devolved commissioning from NHS England. West London Mental Health Trust is included, but not the Broadmoor services it manages.

### 5.3 Weekend activity

- There was a balance between encouraging service users to leave the units and providing worthwhile activities for those who have to or chose to stay, especially at Wolfson House.

### 5.4 Dental provision

- The new dental contract has resulted in a much poorer service for our patients, a number of whom have high levels of need. The contract is part of a larger one that also provides services for children with disabilities. Concerns have been escalated and kept under review.

### 5.5 Mental health law – independent support and advice

- Specialist advocacy is available and management are unaware of any

- problems with quality and timeliness of reports.
- The service has been instrumental in setting up training courses on Mental Health Law.

#### 5.6 Training and appraisal

- The Committee felt that there are opportunities for cross-organisational learning from the very good training and appraisal rates achieved in Forensics.
- On-site input from the Head of Training and Head of Nursing were important in setting a positive training culture.

#### 5.7 Medication errors

- In future, the reporting of missed doses needs to be accompanied by a narrative.

**Action: Phil Baker**

#### 5.8 Reduced restrictive practices

- Staff were concerned that reduced restrictive practices might increase risks, such as mobile phones being used to organise disturbances. This risk has not materialised and no action has therefore been required in response to concerns raised.

#### 5.9 Seclusion

- The recent increase in incidence of seclusion does not reflect any changes in practice. It is accounted for by 2-3 individuals requiring repeated seclusion.

#### 5.10 Sickness rates

- Sickness rates for Forensics staff are higher than the average for ELFT due to 12 individuals being on long-term sick leave.
- Bradford scores (not included in the report to QAC but included in Directorate performance reports) are a good indicator of impact of sickness on service capacity. They should be considered for use in Board and Sub-Committee reports

**Action: Mason Fitzgerald**

#### 5.11 Quality of services for patients with learning disabilities

- Compliance with, and use of, personal and behaviour support plans is variable
- The Committee sought assurance that information about legal rights and how to complain was available in easy read format for patients with learning disabilities. Dr Baker agreed to look into this but confirmed that the CQC considered communication with people with learning disabilities and found that core information is accessible.

**Action: Phil Baker**

- Challenges exist in relation to the distinction between medium- and low-secure patients' needs, for example, the need for searches.
- There are difficulties in discharging patients with learning disabilities. People with mild disabilities are not eligible for the services of Community Learning Disability Teams and Community Teams feel they lack the expertise required. This should be addressed by escalating discharge problems using the south London model. An audit should be undertaken of

how many people with learning disabilities should not still be in hospital.

**Action: Phil Baker**

- Discussions should take place with NHS England on extending wards to accommodate out of area placements and to address lack of commissioning expertise.

**Action: Phil Baker**

- A patient on Moorgate Ward continues to be the only patient on the ward, and the CQC has confirmed that this is acceptable.

#### 5.12 Absconding, relationships with the police and security

- Absconding has decreased and a pro-active police liaison officer is in post.

5.13 The Chair warmly thanked Dr Baker for his excellent work.

5.14 The QAC:

- **RECEIVED** and **NOTED** the report
- **AGREED** that a Non-Executive Director visit to Forensic services should take place in the near future.

**Action: Mary Elford**

## 6 **Physical Health - Holistic care**

6.1 The Associate Medical Director (Dr Kate Corlett) introduced the report, summarising the context for the refreshed physical health strategy and highlighting proposed priorities for the next phase. [Details available in presentation].

The Committee discussed emerging issues and themes, as summarised below.

#### 6.2 What does integration mean?

- Integration means that people with mental health problems who need physical health care should be able to access it via their mental health team, and vice versa.
- Integration is variable. In some areas physical health teams will not accept people with dementia, for example. Screening processes are not universally available.
- Good integration required high-calibre GPs who understand and are motivated to use agreed processes and systems.
- The model of attaching a mental health nurse to a GP practice is not effective in achieving integration, due to problems of isolation. Referral rights to a specific mental health team work better. Bedfordshire has a good model in place.

#### 6.3 Training of ELFT mental health staff in physical healthcare

- All wards have a pool of staff who are highly trained in physical healthcare.
- There is a balance to be struck between having high numbers of physical health trained staff and the burdens which arise from too much mandatory training.
- Lack of confidence in resuscitation has been an issue in a couple of SI reports. Increased basic life support training is being implemented, including in use of equipment.
- Simulation training and mock incidents go some way to prepare staff for

the shock they feel when a patient they know well has died, but cannot wholly mitigate the emotional effect.

- Lessons from the airline industry are being considered, to inform training.
- Pressure ulcers occur, but not in the numbers previously seen, indicating the effectiveness of quality improvement initiatives. This will be kept under review.
- ELFT is addressing obesity through quality improvement work on food, complemented by participation in the design and implementation of local authority-led obesity strategies.

#### 6.4 Priorities

The Committee supported the priorities proposed including:

- Communications with staff, services users, GPs and other external stakeholders.
- Communication using personal testimony.
- Increased work on shared care guidelines
- Focussed work with a small number of GP practices
- Review of policy for e-cigarettes.

6.5 The Chair warmly thanked Dr Kate Corlett for her excellent leadership and high quality work which had provided a clear overview and valuable basis for the Committee's discussion.

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

### 7 **CQC Well-led Inspection Feedback**

7.1 The Committee reviewed the experience of the recent CQC inspection, noting that:

- No feedback had yet been received from the review of core services nor from the well-led inspection. Jane Ray will attend to give verbal feedback to the Executive (date to be confirmed from CQC)
- A ratings meeting will be held on 25 May 2018, drawing on information that ELFT submitted to CQC in November 2017 in addition to findings from the inspection visits.
- The inspection had placed an unanticipated level of emphasis on the Control Total and ELFT's approach to achieving it.
- The inspection also seemed focussed on operational matters, with concerns about means of service improvement (e.g. Programme Office approach) rather than problems to be addressed.
- Accounts of ELFTs approach to setting and delivering CRES and Control Total targets were clearly made by Non-Executive Directors. Key amongst the points made was that the Trust has ambitious, realistic plans but will not compromise patient safety. The CQC appeared to understand that delivery is dependent on system participation.

7.2 The Chair, on behalf of the QAC, thanked Lorraine Sunduza for leading the preparation process including very good briefings.

7.3 The QAC **NOTED** the feedback.

## 8 Bedfordshire Community Health Services – update

- 8.1 Paul Calaminus updated the Committee on action taken to promote a good start to provision of community health services in Bedfordshire, from 1 April 2018:
- An induction process has been completed. Two sessions had been held with administrative staff.
  - Staff much appreciated visits by Marie Gabriel, Mary Elford and Navina Evans and the arrival of Steven Course with Easter eggs. This personal approach was valued and seemed to be a new experience for the staff.
  - The N3 network connection was discovered to be unreliable. A Task and Finish Group has been established to address this. Staff are aware that senior managers are taking prompt action. Some ELFT IT staff are working from the Bedfordshire Community Health Services sites to help resolve problems.
  - Bedford Hospital had no available beds over the Easter weekend. A joint QI group has been established to look at the needs of people waiting for discharge and at repeated admissions.
  - The single point of access telephone system is highly inefficient and will be improved.

- 8.2 The Committee discussed the handover of services and the problems encountered. The Trust would take the lessons learned from this process for any future handovers of services either into or from ELFT.

**Action: Navina Evans**

- 8.3 The Committee noted that relationships with social services are good and that joint posts bring benefits.

- 8.4 The Chair congratulated all on their work during the handover and to welcome staff.

- 8.5 The QAC **NOTED** the verbal update.

## 9 General Data Protection Regulations – preparedness

- 9.1 The Chief Executive apologised on behalf of the Chief Financial Officer that he was unable to be present to provide a verbal update. An update email will be sent to QAC members.

**Action: Steven Course**

## 10 Prevention of future deaths

- 10.1 The Chief Medical officer introduced the item.

- 10.2 In discussion, the QAC noted that:

- The increase in Coroners' prevention of death notices that is evident across London is likely to be due to change in practice (an additional assurance measure). A review has identified no recurring themes.
- Work is in progress to compare Serious Incident action plans with Coroner's recommended actions. The Board should receive assurance

from this exercise in the form of a report in the thematic section of the Serious Incident report, with narrative examples.

**Action: Paul Gilluley**

- The work of the Mortality Review Committee is constrained by the operation of the wider system in which deaths of people with learning disabilities are reported nationally through LeDeR. ELFT does not have access to reports and cannot influence who will investigate. However the Trust could lobby for access to ensure that any necessary learning can be shared.

**Action: Paul Gilluley**

10.3 The QAC **NOTED** the information about prevention of future deaths.

## 11 Board Assurance Framework – clinical risks

11.1 The Chair summarised the position with regard to use of a BAF in a new format. Current shortcomings with regard to lack of narrative on controls will be addressed via the new format. The next Board awayday on 13 June 2018 will be used to confirm risks relating to ELFT's new strategic objectives. *Post-meeting note: this Board development was cancelled due to several directors attending the NHS Confederation meetings.*

11.2 The QAC reviewed risks, acknowledging the current limitations on assurance:

Risk 1.2 Bed occupancy: This remains at 85%.

Risk 1.3 District Nurses: The position has improved due to vacancies no longer being held to accommodate staff from Jubilee Ward which is now closed.

Risk 1.4 NICE compliance: A new process is in place whereby the relevant Directorate reviews the applicability of new NICE guidance.

Risk 1.5 Innovation for quality: Risks remain in relation to organisational approach to delivering population health. This will be discussed at the forthcoming QI Conference.

Risk 1.6 CQC/Learning from incidents: The Board has agreed that the CQC action plan will be monitored by the QAC. Mental Health Act reports are received by the Quality Committee. The Mental Health Law Annual report will be extended to include quality (in addition to process and activity) information.

Risk 1.7 Physical health care: See Item 6.

Risk 1.8 Estates: The risk score has increased but without a narrative on gaps in controls it is not possible for the QAC to form a view on any action needed.

Risk 1.9 Quality Impact Assessment: The Committee asked for greater assurance about how the quality impact assessment process worked. The Chair agreed to review this with the Chief Operating Officer and bring this to the next meeting.

**Action: Mary Elford, Paul Calaminus**

Risk 3.4 Financial viability and three-year plan for Luton and Bedfordshire:  
Paul Calaminus had left the meeting and will provide an update.

**Action: Paul Calaminus**

11.3 The Board **RECEIVED** the report and **NOTED** the level of assurance provided.

## **12 Internal Audit Progress Report**

12.1 Sarah Howe introduced the report on behalf of Clive Makombera

The QAC noted that:

- All audit reports due had been received.
- Briefings on NHS-wide development had been provided for information.
- Information Governance and BAF audits will be considered by the Audit Committee on 23 April 2018.

12.2 The QAC confirmed that it was happy for the 2018/19 plan to be put forward to the Audit Committee, subject to agreement on what will happen regarding care plans, for which ELFT conducts its own audits.

**Action: Clive Makombera / Mason Fitzgerald**

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

## **13 Quality Committee exception report**

13.1 The Chair and Committee members expressed appreciation for the much improved exception report which supports their assurance role. Thanks were extended to Lorraine Sunduza and Duncan Gilbert in his absence.

### 13.2 Training compliance

- The QAC was concerned about continuing problems with reporting and discrepancies in figures. Paul Calaminus is chairing a group looking into this but progress is slow due to time and technological constraints.

### 13.3 Trust policies

The QAC noted that:

- Community health services have agreed to adopt Marsden guidelines.
- A database of policies and guidelines has been established, recognising that in some instances a guideline rather than a formal policy is appropriate.
- Mental health law issues are covered.

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

## **14 Quality Assurance Committee Workplan**

14.1 The QAC noted that:

- The next subject for a 'deep dive' will be learning disabilities
- CAMHS services have not been reviewed within one year.
- Suicide reduction is proceeding via partnership with local authorities for whom it is mandatory to agree and implement a suicide strategy.

14.2 The QAC agreed that there is a need for stronger governance in relation to

research. Professor Rohricht will attend the QAC once a year to report on progress with the research strategy.

*Post-Meeting Note: It was agreed at the Trust Board meeting on 9 May 2018, that the Board would consider the overall strategy and the QAC would monitor against it.*

**15 Any Other Business**

15.1 There were no items.

**16 Issues to be brought to the Board's attention:**

In Forensic services, assurance sought about:

- Personal behaviour support plans and ease of access to information for people with learning disabilities.
- Delayed discharges for people with learning disabilities.
- Poor dental services for patients.

**17 Date of Next Meeting**

25 June 2018.

*The meeting closed at 15:30*

Approved