

## Quality Assurance Committee

**Approved Minutes of the Quality Assurance Committee meeting held on Monday 3 April 2017, at 13.00, in the Boardroom, Trust Headquarters, 9 Alie Street, London E1 8DE**

<b>Present:</b>	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
	Navina Evans	(NE)	Chief Executive Officer
	Kevin Cleary	(KC)	Chief Medical Officer
	Mason Fitzgerald	(MF)	Director of Corporate Affairs
	Steven Course	(SC)	Chief Finance Officer
<b>In attendance:</b>	Georgia Denegri	(GD)	Interim Trust Secretary
	Lorraine Sunduza	(LS)	Director of Nursing
	Clive Makombera	(CM)	Internal Audit Director (RSM)
	Chris Kitchener	(CK)	Associate Director of Assurance
	Sarah Wilson	(SW)	Director of Specialist Services (item 5)
	Sharon Hawley	(SH)	Specialist Addictions Service Manager (item 5)
	Rosalind Tatam	(RT)	Corporate Minutes Taker
<b>Apologies:</b>	Paul Calaminus	(PC)	Chief Operating Officer

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

### **1. Welcome and apologies for absence**

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

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

2.1. None made.

### **3. Minutes of the last meeting held on 6 February 2017**

3.1. The minutes of the meeting held on 6 February 2017 were approved as an accurate record of the meeting, with an additional bullet point in item 8.2 on the ongoing demand for Psychological therapies, being -

- Commissioners and providers to continue to monitor the level of risk in the light of ongoing demand out-stripping supply.

### **4. Action Log and matters arising from the minutes**

4.1. The Committee considered the action log and noted the following updates:

- BAF – Risk 1.2 re bed occupancy: Bed occupancy (in month) rates for Adult Acute beds (from March 2017) were tabled, noting that occupancy in some localities was particularly high recently. The Committee was assured that the level is monitored weekly, and that a threshold occupancy value will be proposed for alerting Non-

Executive Directors (see item 8.1 below). Action closed.

- Tower Hamlets – breach of 4 hour waiting target: Full explanation was included in the action log. The Committee was assured that breaches are assessed on a weekly basis (but noted that the definition of the ‘target’ is changing). Action closed.
- NED review of complaints: JK had conducted a review with CK, and had agreed a date for the next review. Action closed.
- Tower Hamlets Together: An update on the risks around estates to be scheduled to QAC in June 2017. IT risks will be monitored by FBIC. MG and NE had visited staff working on the first day of transferring to ELFT (Saturday 1 April). Action open.
- Luton and Bedfordshire’s 2017/18 Data Quality Improvement Plan: The plan was tabled at the meeting. Action closed.
- CQC Action Plan update – due at QAC meeting on 12 June 2017: The update to look at ‘high risk’ areas, exceptions, and the integration of the ongoing actions into ‘business as usual’ (noting that the Quality Committee monitors CQC compliance monthly). It was observed that there may be a CQC Inspection of Tower Hamlets Together, and Community Services in Newham, in 2018. Action open.
- QAC forward plan to be circulated to the committee and comments returned to GD in advance of next meeting. Action open.
- Audit of Mental Health Act and Mental Capacity Act action plan: QAC to be furnished with the date the plan is discussed at the Quality Committee. It was noted that the Learning Disabilities Project Board is being set up, and an update will be brought to QAC later in the year. Action open.

## **5. Service Quality and Risk Report - Addictions Services**

5.1. SW and SH introduced the Addictions Services’ Quality and Risk Report, and highlighted the following:

- The service covers the Redbridge Addictions Service (R3), the Bedford Borough and Central Bedfordshire Addictions Service (P2R), and (since October 2016) the Tower Hamlets Addictions Service (RESET).
- All three services are operated as Payment by Results, but the performance indicators differ across the commissioning local authorities.
- Key areas for improvement noted in the Mock CQC Inspections were the service user involvement, and the staff feedback / morale.

5.2. The Committee noted that the transition to adult services requires improvement. The following two actions will be put in place:

- To work with relevant partner services to improve transition to adult services.
- To consider opportunities in Tower Hamlets to improve addictions services as part of Tower Hamlets Together.

**ACTIONS: PC**

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

- Referrals from services for young people: Only small numbers of service users are transferred from services designed for under 18 year olds.
- Early deaths from physical conditions: The number of deaths among substance misuse users is concerning (as noted locally and nationally), including those from preventable physical conditions such as liver disease. It may be possible to escalate concerns on

gaps in service provision through partner agencies or the Royal Colleges.

- Staff survey results: Low morale reflects the huge scale of change experienced in a short space of time; measures are being taken to enable staff teams to feel the benefits of working for the Trust.
- The use of peer support workers in Bedfordshire is being relaunched.
- The Partnership Board in Bedfordshire (although not the commissioners of this service) have asked for a presentation on P2R.

5.4. It was agreed that the Action Plan for Luton and Bedfordshire will be updated in six months' time.

**ACTION: GD/SW**

5.5. The Committee thanked Sarah Wilson and Sharon Hawley for the helpful update and asked them to pass the Committee's thanks onto their teams for the important work they do.

5.6. The Committee **NOTED** the report.

*SW and SH left the meeting.*

## **6. Luton and Bedfordshire Mental Health and Wellbeing Services – Integration Update and exception report**

6.1. JW updated the Committee on the Luton and Bedfordshire Services Integration highlighting:

- Weller Wing is now closed, and a visit was made to The Coppice with lead Councillors.
- Most of the Band 5 nursing vacancies were filled in the recent recruitment drive, although filling consultant posts remains challenging (and a number of GP posts are unfilled).
- Staff Survey results were positive.
- The review of Community Services is ongoing, as a 'seamless service' is required for the bed occupancy to be sustainably managed.
- Integration continues to be monitored on a monthly basis by Executive Directors.

6.2. In discussion it was agreed that:

- The Committee to receive integration update reports at its meetings on 12 June 2017 and 25 September 2017. The September meeting will determine whether the integration updates will continue to be a standing item on the agenda. **ACTION: JW**
- The September meeting to be held in Charter House in Luton and Eugene Jones and Michelle Bradley to be invited. **ACTION: GD**

6.3. The Committee **NOTED** the report.

## **7. Draft Quality Accounts 2016/17**

7.1. KC introduced the Draft Quality Accounts 2016-17 which included data for Quarter 3 (December 2016) and noted that the final Quality Accounts with the full year data will be published at the end of April and considered by the Audit Committee in May.

7.2. In discussion it was agreed that:

- Feedback to be sent to KC by 21 April 2017.
- Enhanced information on inclusivity and equalities would be appreciated, although overall the report may be edited in order to publish a shorter document.

- The Committee suggested reference to be made to what we have learned from the Qi projects.

**ACTION: AII / KC**

7.3. The Committee **NOTED** the draft Quality Accounts 2016/17.

## **8. Board Assurance Framework (BAF) Quarter 4 2016/17 – clinical risks**

8.1. The Committee considered the Quarter 4 BAF clinical risks and

- **NOTED** the changes that had been made to this version of the streamlined BAF;
- **REQUESTED** that:
  - i. All BAF risks: The dates therein to show evidence of actions being reviewed on a monthly basis;
  - ii. All BAF: The focus on recovery to be reflected in the refreshed BAF 2017/18 (e.g. under objective 1 risks);
  - iii. Risk 1.2: A threshold value for raising a concern around adult acute bed occupancy levels be included (reporting over 93);
  - iv. Risk 1.3: The district nursing services in Newham and Tower Hamlets be considered together;
  - v. A review of the specified additional risks, including: the focus on Recovery, Improving Access to Psychological Therapies (IAPT) waiting times, Tower Hamlets Together, Quality Control as well as Quality Improvement, areas where information systems require further work, and co-morbidity of physical health and substance misuse

**ACTIONS: MF**

- vi. Risk 1.3: Schedule update report on the Buurtzorg model for District Nursing at next QAC meeting;

**ACTION: GD/JW**

- vii. Risk 1.9: Update on CRES entry and KC to arrange another meeting of the CRES Review Group. Marie Gabriel to be involved in the selection of the Governor representation.

**ACTION: KC**

## **9. Internal Audit Progress Report**

9.1. CM introduced the Internal Audit Progress Report, which included the executive summaries of the audits on Medical Job Planning (as considered at the previous QAC) and on Data Quality. Both had “partial assurance”.

9.2. In discussion it was confirmed that:

- Implementation dates of action plans are monitored by the Audit Committee.
- Validating of incidents on Datix is a time-consuming process for local managers (and the Trust’s policy that even minor incidents be recorded adds to the demands of this task), although it may be that the software is improved following a recent staff appointment.
- The Tissue Viability Panel endorses the proposed grading and assesses the level of harm for all identified G3 and G4 pressure ulcers.

9.3. The Committee **NOTED** the Internal Audit Progress Report and the outcome of the audits on Medical Job Planning and Data Quality.

## **10. Quality Committee Exception Report**

- 10.1. The Committee considered the Quality Committee Exception Report from the meetings held in February and March 2017. The Committee supported the two-pronged approach to meetings, to focus first on the monitoring and development of quality assurance systems, and secondly on the effectiveness and learning.
- 10.2. KC explained that 'Learning, Candour and Accountability – CQC report on the investigation of deaths of people with learning disabilities' will require new reporting standards for the Trust to be in place from September, but that a separate reporting system will assess deaths in Learning Disabilities nationally. There will be a third path for 'case reviews' (in addition to 'investigate incident' or 'close incident without investigation') which will involve reviewing a sample of 'avoidable deaths' (using the toolkit for deaths in prison), in conjunction with a designated Non-Executive Director.
- 10.3. The Committee **NOTED** the report.

## **11. Any Other Business**

- 11.1. None was discussed.

## **12. Issues to be brought to the Board's attention (e.g. issues of limited assurance/ new risks identified and actions to be referred to the Board or other committees)**

- 12.1. The Committee Chair will communicate these to the Interim Trust Secretary.

## **13. Date of next meeting:**

Monday 12 June 2017, 13.00 to 15.30.