

REPORT TO THE TRUST BOARD IN PUBLIC
24 March 2022

Title	Quality Assurance Committee held on 28 February 2022 - Chair's Report
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Purpose of the report

To bring to the Board's attention key issues and assurances focusing on quality and safety discussed at the Quality Assurance Committee (QAC) meeting held on 28 February 2022.

Key messages

Quality and Safety Report: Adult Community Health Services - Bedfordshire, Newham and Tower Hamlets

- The service spans different geographies and demographics and includes community housebound services, rehab, step down and end of life care, dementia services, as well as the vaccination centre in Westfield, Stratford
- Success and achievements include:
 - Being a critical part of the Trust's Covid response, e.g. vaccinations, collaboration with partners including the establishment of integrated discharge hubs, etc
 - Staff morale continues to be high although recognise entering a phase where staff feel fatigued; reviewing what can be done to minimise this
 - Staff have continued to innovate and implement change, and are proud of their work and enjoy what they do
 - More service user and peer support worker involvement has been encouraged with some success, particularly in continence services in Tower Hamlets. Aim is to build on this and spread the learning across other services
- Variations include:
 - Accreditation: working with QA team to ensure standards are CHS friendly
 - Workforce: working with recruitment team on temporary workforce to ensure their use does not compromise quality and safety
 - Recruitment: QI project under way to improve the experience of service users involved in interview process
- Challenges and risks include:
 - Waiting times increased with hotspots around therapy services; recovery plans in place
 - Maintaining quality throughout the pandemic; have been working with acute hospitals on safe discharge
 - Maintaining safe staffing and workforce gaps; exploring alternative ways of providing care
 - Working effectively as an ICS: NEL and BLMK are at different stages although the Trust has engaged with system thinking and is involved in key projects.

Cross Cutting Theme Deep Dive: Mental Health Law Service

- The service manages the Trust's responsibilities in relation to the Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards, and related legislation and case law. The function is overseen by the Mental Health Law Monitoring Group which reports to the Quality Committee
- Success and achievements include:
 - Maintaining the service and adapting ways of working to meet the needs of stakeholders
 - Procurement of digital Mental Health Act solution for ELFT practitioners; now being implemented
- Variations include:
 - There is a statutory duty to provide information to patients about their rights: this is at about 75%. The issue is about the recording of this and not that patients are not receiving information

- There is a statutory duty to provide reports to the first tier tribunal within certain timeframes and currently this is at 60-70%.
- Challenges and risks include:
 - Development of staff in the team in the face of the increasing and complex workload
 - Implementation of new legislation which is expected to come at short notice
 - Unable to contribute to corporate services financial savings target for this year and next.

Learning from Deaths Q3 Update

- There were 602 deaths of which 496 were expected deaths and 106 unexpected deaths
- Of the 106 unexpected deaths, 14 of these resulted in SI investigations. Main areas identified for learning from completed SIs included no evidence of joint working, policies not being followed, and no care planning
- Structured Judgement Reviews were completed for 196 of the expected deaths reported in Q3. Of these, 141 died in the community and 55 died in a care home, hospice or an acute hospital. Overall, cancer was the most common cause of death in both males and females across the Trust. There was no significant difference between the number of deaths in males and females
- During the period there were 26 inquests with 10 resulting in verdicts of suicide
- Learning Disability Mortality Review (LeDeR) was notified of all seven learning disability deaths
- There were seven reported Covid-related deaths; all the deceased had underlying health conditions and were receiving palliative care
- 185 patients were on a Gold Standard Framework End of Life Pathway and were cared for and died in their preferred places of care and death. Community Do Not Attempt Resuscitation (DNAR) forms were in place for all 185 patients.
- Triangulating learning themes will be conducted within the Trust's Risk and Governance Networks to ensure learning is shared across the Trust to ensure increased compliance with follow up protocols, and improved communications within in and out with the organisation
- The Committee requested that future reports included both themes which may connect SIs as well as the provision of greater assurance.

Patient Safety Update (1 December 2021 – 31 January 2022)

- During this period there was one independent homicide review; one panel-led comprehensive SI investigation and 23 new SIs, of which there were 16 deaths of service users (15 adults and 1 child) which against the information received to date appears that 10 of these are likely to be as a result of suicide (subject to inquest)
- There remains issues with reports being completed within the 60 day period and a recovery plan is in place
- The Committee received assurance that the backlog of reports is being tracked and it is hoped that the increased number of staff working on the reports which result in a positive impact.

Prevention of Future Deaths Notice: Two further PFDs had been issued and would be reported at both the QAC and Trust Board in public.

Board Assurance Framework: Risk 4 – Improved Experience of Care

Risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm

- Assurance received that despite the number of staff absences, there has not been a deterioration in the quality of care
- The Committee agreed no change to the current risk score, and received assurance that appropriate controls are in place and operating effectively; but requested that consideration be given to the impact of the actions identified to mitigate the risk on the risk score.

Winter Planning Update inc Vaccinations/Flu: Quality and Safety Lens

- Activity through winter has been high, due to some of the complexities from acutes, and Omicron has caused disruption despite less bed closures; winter plans have, however, been effective

- Bed occupancy has been above 90% reflective of the complexity of patients and transfer of care
- Capacity in domiciliary care and mental health services have been challenged; many of the services in the community have not re-opened
- Staff absences through winter were high at one time; although they have now stabilised
- The flu vaccination rate has improved over the last few weeks.

Guardian of Safe Working Q3 Update

- The junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work has been healthy with 57 reports in the period including 17 breaches of rest rules; rotas are designed to mitigate any risk associated with breaches. Themes of exceptions included: excessive workload in day jobs and on call; complex assessments; and staying late to address urgent clinical issues
- There were 229 vacant shifts, 36 of which were covered by agency doctors
- The number of shift vacant is significantly lower in 2021 compared to 2020
- A new GSW – Dr Nicole Edy – will start post in March 2022; the Committee thank Dr Juliette Brown for her work and support over the last three years.

Complaints and Incidents Q3 Report

- There has overall been an increase in complaints and incidents, and requests for Coroner's reports impacting on workloads and pressures on the team
- The steady rise in incidents reported demonstrates a health reporting culture; the backlog has reduced significantly but the challenge is in sustaining this position – at the Committee's request this information will be included in future reports
- Complexity in stage 2 formal complaints has implications on meeting response rates; however, have introduced a change in process to agree with complainants the length of time to respond in order to manage expectations and work pressures
- Themes from complaints have seen little change: communication of information, attitude of staff, assessment, access to services and clinical management pertaining to mental health patients
- There has also been an increase in PALS covering similar themes
- The Committee requested that 'compliments' is included in the title of the report, noting there were 62 formal compliments during this reporting period
- The Committee requested consideration be given to future reporting on SIs so that one consolidated report be produced recognising that some of the information provided is repetitive
- The Committee received assurance that there were no complaints escalated to the PHS Ombudsman.

Internal Audit Report

- The final report on staff wellbeing has been issued with three main areas of concern including staff expressing concerns on how effectively physical and wellbeing issues are managed; how to manage a dispersed workforce and to upskill managers to do this; the need to better communication around the Trust's wellbeing offer. An action plan has been developed
- The staff who were not aware of wellbeing issues were mainly in primary care services and a project is in place specifically for staff support networks in primary care.

Quality Report and Accounts

- National guidance has now been published that confirms that the quality report no longer needs to be included in the Trust's annual report and does not require external auditor assurance on the quality accounts
- The Committee will continue to have oversight of the development and approval of the quality report.

Previous Minutes

The approved minutes of the meeting held on 10 January 2022 are available on request by Board Directors from the Director of Corporate Governance.