

**REPORT TO THE TRUST BOARD: PUBLIC**  
**9 January 2019**

<b>Title</b>	Quality Assurance Committee 10 December 2018 – Chair’s Report
<b>Committee Chair</b>	Mary Elford, Committee Chair
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**Purpose of the report**

To bring to the Board’s attention key issues and assurances discussed at the Quality Assurance Committee (QAC) meeting held on 10 December 2018.

**Issues to be brought to Board’s attention**

The following key items and assurances were considered by the Committee at its meeting on 10 December 2018:

- **Quality & Safety Report: Adult Mental Health Services – IAPT Services:** The Committee noted:
  - The high quality of IAPT services; the range of interventions now available is much broader than in the early days when CBT predominated – this enables interventions to be more specifically adapted to service users’ needs; constant adaptation is a key feature of the IAPT model
  - IAPT services could be regarded as ‘leading the way’ with regard to integrated care which is an essential feature of the model since its inception
  - IAPT services are being introduced for children and adolescents
  - IAPT services are target-driven with an emphasis on waiting time to first appointment; all access and outcomes targets are met in Newham, Richmond and Bedfordshire
  - The Trust has recently won the delivery of IAPT services in Tower Hamlets; this has a long waiting list and therefore targets are not being met. The Trust is however in discussion with the CCG to consider ways of addressing this
  - The challenges with the increasing expectation of treating people (two thirds more people expected in 2020/21 than at present in line with the Five Year Forward View).
  
- **Quality & Safety Report: Adult Mental Health Services – Addictions Services:** The Committee noted:
  - The impact on physical health as a result of substance misuse, e.g. there has been marked increase in lung disease for users of addiction services
  - Around 25% of service users have dual diagnosis – good progress has been made towards joint working with mental health services and pathways rationalised to avoid duplication across teams
  - The challenges with the practice of regular ‘re-tendering’ of services which can lead to poorer quality and inefficiency; addictions services in Hackney and Newham are due to be re-tendered
  - Although gambling is an addiction, the Trust is not commissioned to provide relevant treatments.
  
- **Cross Cutting Themes – Restraints:** The Committee noted:
  - The Time to Think approach to violence reduction and the reduction of restrictive

practices is now a well-established process across the Trust's in-patient services, with a reduction across the organisation of 40% of physical violence in the inpatient wards. As an approach it has been ground breaking in terms of predicting and preventing violence but where this does still occur, restraint and seclusion remain likely consequences; the aims of reducing violence and restrictive practice will be continuously combined but require different emphases

- Learning disability (LD) and restraint in CAMHS has increased – specifically with the opening of Galaxy Adolescent PICU. Although caring for LD patients has not been a formally agreed part of the function of Galaxy; given the scarcity of such provisions, they have had to work with these young people in emergencies. Specific training has been sourced and delivered for this service in working with young people with LD. The impact of this will be monitored over the coming months
- LD services have not seen any increase in the use of restraint and seclusion in the past year and the use of prone restraint is low across the inpatient wards in our Forensic Services.

- **Pressure Ulcers Report:** The Committee noted that NHS Improvement has recently published a document with a revised definition and measurement for Pus which will support a more consistent approach at both a local and national level across all Trusts. Actions are being taken at ELFT to implement the recommended changes including a review of the current Datix system to incorporate the remapping of the PU reporting and investigation process in Bedfordshire to align with existing ELFT policies.

A gap analysis has been undertaken to identify the actions required to the current ELFT definition and reporting process for PUs which are being implemented.

It is the overarching responsibility of the Trust Board to be assured that implement of the guidance and subsequent changes to policy, procedure and training is in progress. The Committee agreed that such assurance had been received.

- **CQC Update:** Good progress was being made with the actions from the CQC inspection visit in 2018 with the majority of actions completed; the next step is to audit the impact of the implemented actions. No information has been received about the CQC inspection in 2019.
- **Information Governance Progress Report:** The Committee noted the number of steps being taken to improve compliance following a 'not satisfactory' rating issue in March 2018 where thirteen requirements were not compliant. The Committee was assured of the good progress being made to ensure that the Trust is compliant with the new European General Data Protection Regulations (GDPR) and the Data Security & Protection Toolkit (DSPT), as well as mitigation actions in place in respect of two identified potential risks to ensure that the Trust is compliant by 31 March 2019.
- **Legal Claims Annual Report 1 October 2017 – 30 September 2018:** The Committee received the annual report on legal claims and the challenges noting that when benchmarked with other Trusts nationally, ELFT's Liability to Third Party

(LTPS) claims is above the national average with Clinical Negligence (CNST) claims below the national average. However, there is a consistent number of claims received and closed each year, allowing for the effect of newly acquired services. Benchmarking by NHS Resolution shows that the claims submitted to the Trust are resolved relatively quickly.

- **Board Assurance Framework (BAF):** The Committee reviewed the two risks which it had been assigned as the lead committee and noted the actions being taken to mitigate and/or reduce the risks.

### Glossary

<b>QAC</b>	Quality Assurance Committee
<b>CQC</b>	Care Quality Commission
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CCG</b>	Clinical Commissioning Group(s)
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>PICU</b>	Psychiatric Intensive Care Units
<b>CQC</b>	Care Quality Commission
<b>PU</b>	Pressure Ulcer(s)
<b>GDPR</b>	General Data Protection Regulations
<b>DSPT</b>	Data Security & Protection Toolkit
<b>CNST</b>	Clinical Negligence Claims
<b>LTPS</b>	Liability to Third Party
<b>LD</b>	Learning Disability(ies)
<b>BAF</b>	Board Assurance Framework