

Quality Assurance Committee

Minutes of the Quality Assurance Committee held on Thursday, 28 February 2019 from 13:05 to 15:30 in the Boardroom, Robert Dolan House, Alie Street, London E1 8DE

Present:

Mary Elford	Vice Chair (Committee Chair)
Ken Batty	Non-Executive Director (by telephone)
Paul Calaminus	Chief Operating Officer
Steven Course	Chief Finance Officer
Dr Paul Gilluley	Chief Medical Officer
Clive Makombera	Director RSM Risk Assurance Services, Internal Audit
Jenny Kay	Non-Executive Director
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Chief Nurse

In attendance:

Cathy Lilley	Associate Director Corporate Governance
Guy Davis	Associate Director Mental Health Law (agenda item 7)
Ruth Bradley	Director of Nursing (agenda item 5 - 8)
Charan Saduera	Associate Director, Quality and Compliance, CHS (agenda item 5)
Michael McGhee	Service Director (agenda item 5 - 8)
Joanna Raphael	Head of Adult Therapies, CHS (agenda item 6)
Richard Fradgley	Director of Integrated Care (agenda item 8)
Rosalind Tatam	Corporate Minutes Taker

Apologies:

Dr Navina Evans	Chief Executive Officer
Mason Fitzgerald	Director of Planning and Performance
Marie Gabriel	Chair of the Trust

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, especially Guy Davis, Ruth Bradley, Charan Saduera, Michael McGhee and Joanna Raphael, who were attending to present reports.
- 1.2 Apologies were received as noted above. Mary Elford explained that Marie Gabriel will no longer attend this Committee as she would be attending the Finance, Business & Investment Committee instead. Michael McGhee also presented apologies on behalf of Dr Kate Corlett.

2 Declarations of Interest on Items on the Agenda

There were no declarations other than those in the register of interest.

3 Minutes of Previous Meeting Held on 10 December 2018

The minutes of the meeting held on 10 December 2018 were **APPROVED** as a correct record. Clive Makombera advised that the clarity requested on page 7, item 8.1, had been provided orally after the December meeting.

4 Action Log and Matters Arising from the Minutes

4.1 Matters Arising

The Committee noted:

- Page 2, item 3.1, regarding inpatients admitted from outside the area and information for their visitors: this would be included in a Patient Experience section in the respective Quality and Safety Reports for Newham, City and Hackney, and Tower Hamlets
- Page 9, item 12.1, regarding the Patient Safety Review: this is scheduled for the June 2019 meeting of this Committee.

4.2 Action Log

The Committee noted the updates to the Action Log:

- Action 165 Quality & Safety Report Adult MHS Beds & Luton: Action outstanding – further reminders will be sent
- Action 171 Fire Safety Audits (sites not owned by the Trust): Similar issues raised in other Trusts internal audit work with. No information yet on any lessons to learn re Camden and Islington fire. The Trust's Fire Officer conducts a risk assessment for these sites and any significant issues are raised with the landlords as necessary
- Actions 155/156 Integrated Care: Discussions included at the Board Development Session in February 2019. A report is due to be presented at the Committee's meeting in July and thereafter to the Board
Action: Richard Fradgley

4.3 There were no other matters arising not otherwise on the agenda.

5 Quality and Safety Reports: Adult Community Health Services (CHS) – across Tower Hamlets, Newham and Bedfordshire

5.1 Charan Saduera presented the comprehensive report (authored by Michael McGhee - Service Director CHS, Kate Corlett – Medical Director CHS, Ruth Bradley – Director of Nursing, and herself – Associate Director Quality and Compliance CHS) based on the revised template that now includes sections for population health outcomes, experience of care, staff experience, and risk. She described their priorities for 2018/19 as including reducing violence and aggression experienced by staff in the community, ensuring the electronic patient record system EMIS (used in Bedfordshire) supports safe and effective care, and working with acute trusts to improve discharge experiences.

5.2 In discussion the Committee noted:

- Utilising IT, mobile working and fully embedding EMIS to support high quality care is likely to take some time
- Integration between Community Health Services and Mental Health Services in Bedfordshire is planned to be part of the Trust's objective in Year 3; learning from Tower Hamlets Together may be helpful, as are lessons learnt from the Newham 'Building Healthier Communities' initiative
- The Workforce Committee is looking strategically at staffing priorities in the three localities and liaising with City University. In addition the Chief Nurse is working with Queen's Nurses to see how they can support with recruitment and retention
- A report on the cultural and organisational steps required and other work being undertaken to address the high level of violence (reported as 80%) to staff in community settings, particularly District Nurses will be presented at the September meeting.. The inclusion of staff stories would help illustrate. Mary Elford to seek information from Health Education England on good practice elsewhere.
- **Action: Paul Calaminus and Mary Elford**

5.3 The Committee **RECEIVED** and **DISCUSSED** the presentation, and thanked Charan,

Michael and Ruth for their skilful management of these large, diverse services. Mary Elford had recently visited community staff in Bedfordshire, and was gratified that the staff feel they have been well-supported since joining the Trust on 1 April 2018.

6 Cross Cutting Themes: Foot Health Services

6.1 Joanna Raphael presented the report on Foot Services highlighting:

- The focus of resources in all three areas is on those most at risk of ulceration and infection
- The steps taken following the Serious Incident on 31 May 2018
- PUFFIN service (**P**ressure **U**lcer **F**oot **F**irst **I**nitiative) has been short-listed for an award.

6.2 In discussion the Committee noted:

- The varying actions being taken in different areas to try to assist members of the public who struggle to afford private chiropody, and the work in training paid and unpaid carers in safe toe-nail cutting
- The emphasis on a holistic approach by District Nurses in order to spot potential concerns prior to these becoming severe
- The innovative university course training Apprentices to carry out 'technical work' under supervision.

6.3 Mary Elford thanked Joanna for the presentation, noting that it was especially useful and enlightening to hear from one of the smaller services.

6.4 The Committee **RECEIVED** and **NOTED** the report.

7 Mental Health Law Update

7.1 Guy Davis presented a detailed update report on Mental Health Law, encompassing the statutory and common-law frameworks within which care is delivered, and building on the Annual Report presented to the Trust Board in November 2018. He highlighted:

- With nearly 5000 detention 'episodes' in the year 2017-18, ELFT may have among the highest number in the country
- The monthly Key Performance Indicators, the regular reports to Quality Committee, and the ward inspections by the Care Quality Commission all show that the Trust very rarely has unlawful detentions nor undertakes unlawful treatment
- Future reports to Quality Committee will focus on improving the recording of patients' consent to treatment, and on ensuring that inpatients understand their rights
- Last year 4.8% patients administered medication without the legal authority
- The recommendations of the national review of the Mental Health Act are being taken forward including replacing 'Deprivation of Liberty Safeguards' with 'Liberty Protection Safeguards'
- Consideration should be given enhancing in a structured and sustainable way the skills in Mental Health Law in the clinical workforce, and address succession planning in the MHA Team.

7.2 In discussion the Committee:

- Discussed the assurance that the Trust requires through the Mental Health Law Scheme of Delegation on the use of detention powers
- Agreed that in order to assess and receive assurance on the level of the use of detention in the Trust, a nuanced statistical approach should be considered to determine the appropriate 'base population', and this should be referenced in reports to Quality Committee
Action: Paul Gilluley/Lorraine Sunduza
- Noted that although appropriate technology is available, there are some issues with the quality and variation of recording; the Trust is trying to identify good practice in

other Trusts

- Noted that patients are often very unwell on admission, and the conversation explaining their rights may need to be repeated more than once during their stay. A deep dive on appropriate awareness and documentation will be presented to the Quality Committee
- Noted it would receive an update on a special session on Mental Health Law through the Quality Committee assurance report within the next six months
- Agreed it will in future receive an annual update on Mental Health Law in addition to a specific report on the implications of the new Act and the Annual Report presented to Board

Action: Guy Davis/Mason Fitzgerald

- Noted an update on Seni's Law is scheduled to be presented to the Committee in September.

Action: Lorraine Sunduza

7.3 The Committee **RECEIVED** and **DISCUSSED** the report.

8 Evaluation of the Tower Hamlets Neighbourhood Care Team (Learning From Buurtzorg)

8.1 Mary Elford welcomed Richard Fradgley to the meeting. Richard presented the report on the qualitative evaluation by University College London Partners and economic evaluation by Frontier Economics of the Tower Hamlets Neighbourhood Care Team (NCT) Pilot which ran from May 2017 to August 2018 using the principles of the Buurtzorg model of care. He highlighted:

- The much closer working between GPs, primary care networks, and community nurses is in line with the NHS Long Term Plan
- Qualitative evaluations found that service user and carer, and staff experience was significantly improved in the pilot. This was due to the time nurses were able to spend with service users, the person-centred nature of the teams' approach, joined up health and social care, the continuity of care and the teams' accessibility
- The evaluation found there were a number of challenges including the hierarchy within the NHS and the nursing profession in the context of self-management, team dynamics, caseload and administration
- The evaluation identified medicines management savings from using the model
- The report will be considered by the Tower Hamlets Together Board in the next few days
- The unit costs of the NCT approach are significantly higher than those for 'business as usual', although there may be savings elsewhere to the public purse in, for example, delaying entry to residential care further evidence is needed
- The assessment found that the area where cost-effectiveness is most likely is for service users with both nursing and reablement needs
- A working group to determine how to adopt some of the practical findings of the evaluation is to be chaired by Ruth Bradley and will commence in March 2019.

8.2 In discussion the Committee noted:

- The timescales and terms of reference for the working group should be ambitious
- Small scale pilots using the Buurtzorg principles are being run in other Trusts, but it is believed that ELFT is the only one studying options for scalability
- The working group will consider team composition, including employing physiotherapists, and the options for volunteers and for peer support workers
- The update report to this Committee is expected to be in November (date partly dependent on the decisions of the Tower Hamlets Together Board).

Action: Richard Fradgley and Ruth Bradley

8.3 The Committee **RECEIVED** and **NOTED** the report.

9 Quality Accounts

- 9.1 Amar Shah provided a verbal update on the progress with the development of the Quality Accounts for 2018/19. He highlighted:
- The quality measures have been revised to reflect the Trust's new strategy and objectives and to align with the quality dashboard:
 - Patient safety: prevalence of physical violence, medicines management (number of Serious Incidents) and grade 3 and 4 pressure ulcers
 - Clinical effectiveness: bed occupancy, length of stay, and readmissions within 28 days
 - Patient experience: recommend service to a friend, treated with dignity and respect, and feel listened to by staff
 - The two indicators which will be externally audited are the percentage of patients on CPA seven-day follow up after discharge from psychiatric inpatient care and prevalence of patient safety incidents and the number and where available rate of patient safety incidents reported during including the percentage of which resulted in severe harm or death
 - As required Council of Governors has selected one of the locally agreed indicators for external assurance testing, namely Patient Safety – Serious Incidents.
- 9.2 In discussion the Committee noted:
- There is little under-reporting of Serious Incidents as the procedures are robust
 - The information for some indicators, such as the 'seven-day follow up', is appropriately reported on both as numbers and as rates.
- 9.3 The Committee **RECEIVED** and **NOTED** the verbal update.

10 Internal Audit Progress Report (February 2019) and Internal Audit Reports on Information Governance Review (including GDPR & DSPT), and on Data Quality

- 10.1 Clive Makombera presented the Internal Audit Progress Report together with the final reports on their audits of Information Governance Review including GDPR & DSPT, and of Data Quality. He highlighted that responsibility for Information Governance is shared among Executive Directors, with Mason Fitzgerald taking the lead, Steven Course being the SIRO and Paul Gilluley the Caldicott Guardian.
- 10.2 **Audit of Information Governance (including the 2018 General Data Protection Regulation and the annual Data Security and Protection Toolkit)**
In discussion the Committee noted:
- There has been a marked improvement to the situation a year ago; however, a third quarterly review shows a number of outstanding issues and gaps. It is hoped there will be further improvement by the fourth quarter
 - There has been a focus on ensuring the appropriate processes and systems are in place
 - The importance of ensuring staff are aware of their responsibilities
 - The Toolkit, that has over 100 mandatory requirements, has to be submitted by 31 March
 - Any Toolkit compliance shortfall may be raised as an issue by the Trust's Commissioners and by the Information Commissioner's Office, were there unfortunately to be a reportable breach of personal data
 - Regular updates are considered by the Information Governance Steering Group
 - The concerns around cyber-security are within the remit of Audit Committee.
- 10.3 **Audit of Data Quality**
In discussion the Committee noted:
- A partial assurance had been issued by the auditors
 - The issues highlighted in the action report are largely those the Trust is currently

- addressing, including the need for mechanisms to validate data accuracy
- Software alternatives to entering data onto spreadsheets are being developed
- An update on data quality, the data warehouse, and data flows to be considered by this Committee for assurance to the Board

Action: Mason Fitzgerald

- The action plan of this audit should also be considered by Audit Committee

10.4 The Committee **RECEIVED** and **NOTED** the Internal Audit report, and thanked Clive for all his assistance to the Trust.

11 CQC Action Plan Update

11.1 Lorraine Sunduza provided a verbal update and highlighted:

- A quarterly engagement meeting with CQC was held on 12 February
- To date a Provider Information Request has not been received (this normally precedes the annual Well-Led Inspection by around three months)
- All 'should do' recommendations from the inspection in 2018 have been implemented
- 'CQC readiness' preparations are in progress in those services that have not previously been inspected as well as with new Non-Executive Directors and new Governors.

12 Board Assurance Framework (BAF): Clinical Risks

12.1 Paul Calaminus and Lorraine Sunduza presented the an update on the actions being taken to mitigate the two risks for which the Quality Assurance Committee has been assigned as the lead committee in relation to the strategic outcome *improved experience of care*.

12.2 In discussion the Committee:

- Noted there is no recommendation to change the scoring
- Noted meeting with the new Chief Nurse at the Homerton will be arranged regarding a Peer Review
- Noted there is work to be done with regards to 'stress testing' the governance and working relationship with Cambridge Community Services (CCS). A 'dummy' case had been employed to test the safeguarding of children arrangements; however, to date there have been no Serious Incidents in children's services
- Noted the development of a service-user led accreditation programme
- Affirmed the assessment provided and the progress made.

12.3 The Committee **RECEIVED** and **DISCUSSED** the report, and **AGREED** that appropriate controls are in place and operating effectively.

13 Quality Committee: Exception Report

Item withdrawn

14 Quality Assurance Committee Forward Plan through to December 2019

Item withdrawn

15 Any Other Business

There were no additional items.

16 Issues to be Brought to the Board's Attention

16.1 Mary Elford to agree with Cathy Lilley the issues be brought to the Board's attention:

17 Dates of Next Meetings

- 29 April 2019
- 13 May 2019 (15:30 – 17:00 to receive Quality Accounts)
- 1 July 2019
- 9 September 2019
- 4 November 2019
- 6 January 2020
- 2 March 2020

The meeting closed at 15:30