

REPORT TO THE TRUST BOARD: PUBLIC
3 October 2019

Title	Quality Assurance Committee 9 September 2019: Committee Chair's Report
Committee Chair	Mary Elford, Committee Chair
Author	Cathy Lilley, Associate Director of Corporate Governance

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 9 September 2019.

Issues to be brought to Board's attention

At its meeting on 9 September 2019 the Committee considered a range of items including:

- The Quality and Safety Report for Bedfordshire and Luton Adult Mental Health Services
- The learning from deaths quarterly report
- An update on changes to Mental Health Law
- The Quality Improvement annual plan for 2019/20
- Internal audit progress report
- The progress with the data quality programme
- Review of the Committee's terms of reference
- The Quality Committee exception report
- Various annual reports for 2018/19

The Committee wished to draw the Board's attention to its discussions on:

- **Quality and Safety Report – Bedfordshire and Luton Adult Mental Health Services:** The presentation and discussion covered key achievements, priorities and challenges including:
 - Innovative approaches being considered and/or undertaken in response to the continued challenges with recruitment; including the Advanced Practitioner Programme (as run in Tees, Esk and Wear NHS FT). However, there has been an improvement in the recruitment of Occupational Therapists
 - The wide range and number of courses and locations available with the Bedford Recovery College and the progress in developing the Luton Recovery College
 - The Trust is meeting the 18 week appointment target
 - The issue of securing inter-operability between provider electronic systems is being escalated to the Sustainability and Transformation Partnership.
- **Quality and Safety Report (Cross Cutting Themes) – Complaints Annual Report 2018/19:** In discussion the Committee noted:
 - The three main themes were communication, clinical management and staff attitude which reflected those raised in neighbouring Trusts, and with those matters escalated to the Parliamentary and Health Service Ombudsman (PHSO)
 - The audit of a sample of complaints by Non-Executive Directors (NEDs)
 - The Trust had participated in the piloting of a PHSO framework which was being standardised across health and social care. Feedback from the PHSO included recognition of the granular approach the Trust takes in addressing issues with complaints
 - Following a recommendation by the PHSO, the Trust will in future take a proactive approach in explaining at the outset to the complainant the likely time requirement to address the issues raised, based on factors including the complexity of the matters and whether other agencies are involved, rather than adhering to a rigid timeframe
 - A new approach to managing complaints with more local responsibility for drafting and responding at a local level was being taken forward as a Quality Improvement (QI) project
 - The positive affirmation from Internal Audit regarding the Trust's data, in line with or in

comparison to its experience with other Trusts

- The report is attached at appendix 1.

- **Learning from Deaths Report Q1 1 April – 30 June 2019 (previously reported as Mortality Reviews Report)** provides a comprehensive update on service user deaths:
 - There were 368 deaths of which 294 were 'expected' and 74 were 'unexpected'
 - A Structured Judgement Review (SJR) is carried out where a significant concern has been raised, or the patient had a Learning Disability (thereby considered under LeDeR - Learning Disabilities Mortality Review programme), or there is an opportunity for thematic learning
 - There had been 174 SJRs and 13 LeDeRs of which eight were expected deaths and five were unexpected deaths
 - A case notes review is undertaken for all expected deaths where the person was receiving ELFT services, and for a quarter of all deaths where the person died in hospital or a care home
 - The Committee requested that the concerns raised at the last Board meeting regarding the deaths attributed to serious physical ill-health issues be taken forward at an Sustainability Transformation Partnership (STP) level as part of the Trust's population health approach; a letter supported by the Committee to be written to the STP quality and safety lead
 - The Committee commended the improved report structure.
- **Annual Reports:** The Committee reviewed and approved the following annual reports:
 - **Mental Health Law Annual Report 2018/19** provides information and assurance on the Mental Health Law functions within the Trust. Key points included:
 - The total number of admissions under detention has increased by 30% over three years which is in line with the national situation
 - The reduction in the number of Deprivation of Liberty Safeguards (DoLS) applications compared to the previous year
 - The improvements with staff compliance with training on the Mental Health Act and Mental Capacity Act
 - A review of restraints and seclusion in relation to ethnicity was being undertaken by two service users working with the Chief Nurse
 - Concerns raised by Associate Hospital Managers regarding the variable quality and timeliness of reports by clinicians for hearings/paper reviews would be reviewed by the Quality Committee.
 - **Revalidation and Appraisal of Doctors Report 2018/19** provides a summary of the progress in relation to the revalidation of Doctors, as required in the Responsible Officer's Regulations. The Committee approved the report (attached at appendix 2).
 - **Emergency Planning, Resilience and Response (EPRR) and Business Continuity Annual Report 2018/19** provides an overview of the Trust's EPRR and business continuity arrangements for 2018/19 and how the Trust meets its statutory and mandatory obligations thereof:
 - NHS England and NHS Improvement have acknowledged the hard work undertaken to achieve the additional standards and have confirmed the Trust's overall rating as substantially compliant
 - Mitigating actions and plans are in place in preparation for the proposed Brexit on 31 October with all directorates are reviewing their Business Continuity Plans
 - The report is being presented as an agenda item in part 1 Board meeting on 3 October.
 - **Health, Safety and Security Annual Report 2018/19** covers the Trust's statutory duties under the Health and Safety at Work Act (1974) and the Health and Safety at Work Regulations (1999). The Committee noted:
 - QI project to address criminal behaviour on Trust premises, working jointly with Bedfordshire Police

- QI project to address the under-reporting of violence, aggression, and verbal and racial abuse faced by Trust staff working in the community
 - The use of a mobile phone app for staff working alone in the community
 - The increase in the number of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reportable cases in the Forensic Service in December and January related to the activities of a small number of service users
 - A copy of the report is attached at appendix 3.
- **Board Assurance Framework:** The Committee noted the actions being taken to mitigate the risks in relation to the Trust's strategic objective *improved experience of care* and agreed there should be no changes to the risk scorings. A detailed update is included in the Integrated Quality & Performance Report.
 - **QAC Minutes:** The approved Minutes of the Quality Assurance Committee meeting held on 1 July 2019 are available on request by Board Directors from the Associate Director of Corporate Governance. It is also intended that these will be available in a separate folder for approved minutes on BoardPack.