

Quality Assurance Committee (QAC)

Minutes of the meeting of the Quality Assurance Committee of the Sheffield Health and Social Care NHS Foundation Trust, held on Monday 26 June 2017 at 1.00 pm in Rivelin Boardroom, Old Fulwood Road, Sheffield S10 3TH

Present:

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| 1. | Mervyn Thomas | Non Executive Director, Chair |
| 2. | Sue Rogers | Non Executive Director |
| 3. | Richard Mills | Non Executive Director |
| 4. | Dr Mike Hunter | Medical Director |
| 5. | Clive Clarke | Deputy Chief Executive/Director of Operations |

In Attendance:

- | | | |
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| 6. | Giz Sangha | Deputy Chief Nurse |
| 7. | Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |
| 8. | Dr Jonathan Mitchell | Associate Medical Director |
| 9. | Tania Baxter | Head of Clinical Governance |
| 10. | Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 11. | Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | | |
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| 12. | Phillip Easthope | Executive Director of Finance |
| 13. | Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

Minute	Item	Lead
	<p>Welcome & Apologies</p> <p>The Chair welcomed everyone to the meeting and noted the apologies.</p>	
1)	<p>Declarations of Interest</p> <p>There were no new declarations of interest declared.</p>	
2)	<p>Minutes of the meeting held on 22 May 2017</p> <p>The minutes of the meeting held on 22 May 2017 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u> <i>QAC Front Sheets:</i> There are currently several different front sheets being used for the meeting papers and the Chair asked if these could be standardised and include the BAF reference for future meetings.</p>	MS

Safety Dashboard:

The previous minutes read as if the clinical vignettes would be brought to this meeting but will in fact be available as a revised process when the safety dashboard is next on the agenda. Ms Sangha gave an update on what classified as other infections within the dashboard i.e. toe, ear and dental infections that do not require proactive treatment. It was also clarified that the top infections can change according to frequency.

Medicines Safety:

Chris Hall is preparing a report regarding Medicines Safety at the moment and Dr Hunter will bring this report to the meeting in September.

Safeguarding Children Training:

Ms Sangha liaised with colleagues at the Local Authority and lead nurses within the Safeguarding Clinical Commissioning Group and what level of training is needed. It was identified that awareness training is needed around policies and procedures and the basic level of safeguarding. A programme will be collated and the training should take no more than 20 minutes. Ms Sangha will organise this training by the end of September.

Quality Assurance Committee – August Meeting:

It was recommended and agreed that the committee will not meet in August.

Action Log

Members reviewed and amended the action log accordingly.

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General Governance Arrangements

4) Revised Terms of Reference

The terms of reference for the committee have recently been revised and a discussion around membership and attendance was had. The membership states three executives are needed (medical, nursing and operational) but Mr Clarke and Dr Hunter felt that two executives (medical and nursing) would be enough to make the meeting quorate and Mr Clarke's attendance could be noted under attendees. Dr Hunter volunteered to report any issues for the Director of Operations should Mr Clarke not be able to attend. The committee had a brief discussion about this and Dr Hunter and Mr Clarke gave assurance to the committee that this would be appropriate as they will be having joint meetings with all the service and clinical directors each month should any concerns regarding operations arise. It was agreed that the attendance section needs to include Ms Harriman.

Mrs Rogers pointed out the terms of reference do not mention the staff and their scope and initiation of new strategies. The Chair questioned if the following bullet point "to ensure that risks to service users are minimised through the application of a comprehensive risk management system" under Safety and Excellence in Service User Care was relevant for the Quality Assurance Committee Terms of Reference and whether it should come under the Audit Committee in the first instance. The committee agreed and the change will be made to incorporate this in the Audit Committee terms of reference. Mr Mills mentioned that the Finance and Investment Committee terms of reference are also being reviewed and where possible it would be helpful to be consistent.

After the above amendments have been made the committee agreed to the

	terms of reference which will be reviewed in six months time.	
5)	<p>Care Quality Commission (CQC) Registration Update</p> <p>Ms Sangha updated the committee on the changes that the CQC have made as shown in the appendices of the report and services affected by these changes have been informed. The chair confirmed the committee was assured by this report.</p>	
6)	<p>Service User Safety Group – Quarterly Assurance Report</p> <p>Dr Hunter assured the committee that the Service User Safety Group meetings are going ahead on a regular basis and are appropriately attended. Dr Hunter pointed out that the attendance from the Safeguarding Dept at times was limited whilst the department has gone through staff changes but this has now been rectified and their attendance will be regular going forward. Mrs Rogers asked if it would be possible to show attendance in a simple chart rather than a narrative in future reports and Dr Hunter agreed. The committee confirmed they were assured by this report.</p>	
7)	<p>Service User Engagement Group – Quarterly Assurance Report</p> <p>Dr Hunter gave an update on the Service User Engagement Group. The group have started using the friends and family test, having roadshows in order to engage more service users, subscribed to Patient Opinion and are working much better with other teams such as the Quality Improvement Team. The group has been able to link in with some of the QI work too. With regards to the SUSEG vacancies progress is being made, the band 4 administrator with lived experience of mental health has been appointed and the interviews for the band 7 role will take place on 3 and 10 July 2017. Dr Hunter would like to share with the committee in three months time a map showing engagement and action plans across the organisation which can also help evidence the work that links in with quality improvement and where engagement has had a positive impact on a service.</p> <p>The committee had a lengthy discussion regarding the friends and family test and Ms Harriman suggested it may be helpful to see the response rates in order to benchmark this data. Although this may be useful in other services, Mental Health Services do not have set targets for these tests as the tests are deemed only appropriate to be completed when clinically able to do so. It is more about quality rather than quantity which may lead some people to believe these tests are meaningless at first glance.</p> <p>Mr Thomas recently attended a Sunrise event which unfortunately was low in attendance rates that day and Mr Thomas felt this needs more focus on this work.</p> <p>Sheffield Flourish won the Digital Charity of the Year Award. Sheffield Health and Social Care provide funding to Sheffield Flourish and Richard asked if more information about Sheffield Flourish could be given to the committee. Dr Hunter agreed to meet with Roz Davies, Manager of Sheffield Flourish in order to gain more information about the work they are doing and feedback to the committee.</p>	MH

<p>8) 360 Assurance Audit Reports:</p> <p>a. Adult Serious Case Review Follow Up</p> <p>The chair confirmed the committee was assured by this report.</p> <p>b. Data Quality: Systems Testing Follow Up</p> <p>All actions have been completed and the committee was assured by the report.</p>	
<p>9) Minutes from Committees:</p> <p>a. Health and Safety Committee Meeting – May 2017</p> <p>Questions were raised as to the inspections on our buildings given the recent fire at Grenfell Towers in London. The Director of Estates has confirmed he is happy with the cladding at the Longley Centre and the Fire Service has been contacted to also give assurance. It was suggested it may be helpful to have a section in the board report regarding fire safety and the committee was informed that a Standard Operating Procedure (SOP) has been put in the strategy. Work is also underway to make sure wards are secure after the recent terrorist attacks. An action plan is also being put in place for the Longley Centre in line with the Burbage action plan. The chair confirmed the minutes of the above meeting were noted by the committee and assurance was given.</p> <p>b. MCA / DoLS Steering Group – 8 May 2017</p> <p>The chair confirmed the minutes of the above meeting were noted by the committee and assurance given.</p>	
Safety and Excellence in Patient Care	
<p>10) Safety Dashboard</p> <p>The safety dashboard was received for noting the key areas were highlighted:</p> <p>Seclusion and physical restraint data is reducing slowly and data has started to improve since May. Every incident of seclusion and restraint is escalated to Ms Sangha to check that relevant post incidents reviews are taking place. The acute directorate are also producing a weekly restrictive practice newsletter in order to share information openly. Each fortnight there is a ward managers meeting the appropriate nurse managers are managing restrictive practices on a ward by ward basis. EDG also receive monthly reports of seclusion and physical restraint.</p> <p>Detained Missing Persons figures have increased. The wards have recently been very busy but bed occupancy has now reduced and the effect of this on informal patients will be reviewed.</p> <p>Falls – The number of falls has reduced and data shows that most of the falls take place within the same place. A deep dive is scheduled for the next Service User Safety Group and will provide more information on this.</p>	

<p>There was a discussion around harm and the different types and Ms Baxter acknowledged it may be helpful to have a continuous breakdown on the graph with the types of harm.</p>	
<p>11) Annual Reports:</p> <p>a. Infection Prevention Control</p> <p>The committee looked at the report by Katie Grayson that Ms Sangha presented. An amendment has been made to 3.3.8 regarding the arbitration panel. The section should read:</p> <p>“The Arbitration Panel reviewed all the supporting evidence in relation to this case and it was assessed as third party following local discussions between the Trust and the CCG. It was agreed that the case would be assigned to the Trust and lapses in care noted.”</p> <p>Mrs Rogers asked if the key for the infections graph on page 9 could be updated to include the dusky pink colour and Mrs Sangha will look into this.</p> <p>Under the Surveillance section on page 14 Mrs Rogers asked what happened with areas that are red and Mrs Sangha confirmed that these areas are being followed up with an action plan which is sent to ward managers, service and clinical directors to monitor and performance manage on a weekly basis.</p> <p>On page 19 under Mattresses Mrs Sangha gave assurance that there is a procedure in place for checking mattresses that has been delegated from the Infection Prevention ambassadors to the ward managers and this information is also flagged on the IPC dashboard.</p> <p>The committee was assured by the annual report and programme for next year and discussed potentially having this Infection Prevention Control report at the Trust Management Group for service and clinical directors to see.</p> <p>b. Safeguarding Adults</p> <p>There is a new Safeguarding Team at Fulwood who have been able to add additional information to the report and one of the members of the team has extensive experience of working with safeguarding adults which may improve the report in due course. The committee felt the improvement in training was very positive and the growth in demand for the team was very reassuring. The committee was assured by the report.</p> <p>c. Safeguarding Children</p> <p>The annual report on safeguarding children was received and noted. The Committee was assured by the report.</p>	
<p>12) Quarterly Reports:</p> <p>a. Q4 Complaints Report</p> <p>Ms Hedland came and gave an update on the Quarter 4 Complaints report which recorded the following:</p>	

- 244 compliments with the Specialist Directorate recording the highest number
- 42 formal complaints recorded with 77% responded to within the timeframe
- 66 informal complaints were recorded
- 4 of the formal complaints were upheld, 19 were not upheld, 16 were partially upheld, 2 are on hold and 1 was withdrawn by the complainant

The top three themes of formal complaints were:

- 1) Discharge from CMHTs
- 2) Initial triage, no face to face assessments
- 3) Family not being informed of discharge when involved in the service users care

The committee was given assurance.

b. Q4 EMSA Report

The report informs of any breaches and activity of EMSA, there has recently been some confusion about the compliance and definitions around EMSA. The Trust can not be partially compliant and subsequently the Trust is not compliant. To become compliant it can be dealt with in three stages short, medium and long term which include:

- Standard operating procedures in the short term
- Single sex wards where possible but there will still be some mixed wards in the medium term
- The rebuild of the Longley Centre Phase 2 will accommodate single sex wards in the long term

The committee was assured by the report.

c. Q4 Incident Management Report

Dr Hunter pointed out that on page 8 there is an increase in the mortality rates but this is due to increased reporting. Mrs Rogers asked for an age and gender breakdown for some of the data such as exploitation or abuse to help understand and Dr Hunter agreed to amend the report for the next quarter to show this.

Dr Hunter confirmed the weekly mortality meetings are still going ahead and are very useful. At the moment all deaths that are reported through the safeguard system are reviewed. The team is looking to develop a way to look at all deaths from the past 12 months so that deaths of patients that were not under the care of services at the time of their death but had been in services within the last 12 months can be reviewed under one system. NHS Improvement is requesting an update on the development of mortality policies and SHSC is currently working with the Northern Alliance Group which is facilitated by Mazars.

The committee was assured and accepted this report.

d. Q4 Mental Health Act Monitoring Visit Report

The report has been to the MHA Committee and the purpose is to inform the

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<p>committee about the health system in place and monitoring any actions. Many of the actions in the report state they are overdue from original plan but updates will be available after the next task and finish group has met and the committee was assured by this report.</p>	
<p>Efficient and effective use of resource through evidence based clinical practice</p>	
<p>13) NICE N2(a) Cardio Metabolic Assessment and Treatment for Patients with Psychoses</p> <p>Dr Hunter gave an overview of the data within the report and improvements are being made. This work is important and is also a national CQUIN that requires management at the individual patient level, if this can be done the CQUIN could be completed. The committee was assured that improvements are being made and accepted the report.</p>	
<p>Evaluation</p>	
<p>14) Committee Assurance</p> <p>The Committee agreed the following should be included on the Significant Issues Report to the Board in May 2017:</p> <ul style="list-style-type: none"> ○ Revised Terms of Reference – mention this was discussed ○ Service User Engagement Report – use this to engage with Sheffield Flourish ○ Health and Safety ○ Infection Prevention Control, Safeguarding Adults and Children Reports - mentioned the reports were discussed ○ EMSA Report – can link this to the Risk work ○ Cardio Metabolic Assessment 	
<p>CLOSE</p>	

**Date and time of the next meeting
Monday 24 July 2017 at 1.00 pm
Rivelin Boardroom, Fulwood**

Apologies to Katie Ballands, PA to Medical Director katie.ballands@shsc.nhs.uk