

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 22 January 2018 at 1.00 pm in Rivelin Boardroom, Old Fulwood Road, Sheffield S10 3TH

Present:

- | | |
|------------------|---|
| 1. Mervyn Thomas | Non Executive Director, Chair |
| 2. Sue Rogers | Non Executive Director |
| 3. Richard Mills | Non Executive Director |
| 4. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |
| 5. Clive Clarke | Deputy Chief Executive/Director of Operations |

In Attendance:

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

Apologies:

- | | |
|----------------------|-------------------------------|
| 12. Phillip Easthope | Executive Director of Finance |
| 13. Dr Mike Hunter | Medical Director |

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 18 December 2017</p> <p>The minutes of the meeting held on 18 December 2017 were agreed as an accurate record after an amendment was made in section 3 under matters arising.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u> <i>Incident Management Quarterly Assurance Report</i> Ms Baxter confirmed that the suggestions made at the previous meeting on how to improve this report will be shown in the next quarterly report.</p>	

<p><u>Action Log</u> Members reviewed and amended the action log accordingly.</p>	
<p>General Governance Arrangements</p>	
<p>4) Assurance Process of BAF and CRR Risks Assigned to QAC</p> <p>Ms Saunders informed the committee that the BAF and Corporate Risk Register will be reviewed by Board committee on a quarterly basis as from April 2018. If there are any concerns it can be brought as an agenda item.</p>	
<p>5) 360 Assurance Quality Governance Audit Report Update</p> <p>Ms Saunders went through the report received last year and confirmed that all actions have been completed and an audit trail of these can be seen. Each committee and group's terms of reference have been reviewed and will align with each other as this did not previously happen which will make reporting clearer. There is more work to be done on reporting issues and this work is ongoing. Ms Saunders was open for questions, and it was pointed out that the terms of reference for the Quality Assurance Committee did not state the achievement of the KPIs and it was confirmed that this could be added, only minor changes were made since this last came to the meeting mainly administrative elements rather than key elements. Clarification was also asked for as to the reporting into this committee from other groups and it was acknowledged that this may need to be looked at further in the future when deciding what this committee needs. Further work is ongoing and Ms Saunders will be meeting with the auditor to take forward. All the terms of reference will be taken to the next Audit Committee meeting. Ms Lightbown asked for EDG to be added to the organigram within the report and Ms Saunders confirmed this will happen. .</p>	
<p>Safety and Excellence in Patient Care</p>	
<p>6) Safety Dashboard</p> <p>The safety dashboard was received for noting and the key areas were highlighted:</p> <ul style="list-style-type: none"> ○ The information around AWOL and missing persons is now much clearer and is currently running four below the mean. National Benchmarking data regarding this data would be useful ○ Restraint figures are positive and is operating below the mean ○ Falls data is below the control limit ○ Serious Incidents being investigated in depth has reduced because of the new standard used ○ Safewards has now been rolled out to all wards and work to maintain this remains <p>The committee was assured by this dashboard.</p>	
<p>7) Regulation Dashboard</p> <p>Dr Crimlisk was available for questions and the committee was assured.</p>	
<p>8) Safeguarding Adults Quarter 2 Assurance Report</p> <p>The committee received the above report where additional work for</p>	

<p>notifications of concern are taking place, there were 59 notifications of concern in quarter 2 that were not dealt with in a timely manner by different teams and a deep dive was undertaken. This was linked to a specific community team where the manager was on sick leave, this has now been dealt with as well as the notifications of concern. The manager has been spoken to and processes are in place for covering sickness. Service user experience of safeguarding processes was not being recorded as effectively as possible and this is also being improved. All staff have received training as part of the new referral hub. Data cleaning is improving and work is also being done with the Local Authority regarding joint case investigations, particularly regarding PREVENT. The Local Authority have asked for the reports to be sent to them every 6 months now instead of quarterly and feel assured of the progress made. The committee acknowledged the positive work that has been done to make this service more efficient.</p>	
<p>9) Safeguarding Children Quarter 2 Assurance Report</p> <p>The team is working with the traveller community along with the Health Inclusion Team and lead nurse at the CCG to address any concerns. Safeguarding children training is being provided at the Single Point of Access and working with the city wide hub. The team is also working with the CAMHS team and the Children’s Hospital regarding transition work to make sure they are not lost in the system.</p> <p>The committee asked about the attendance figures for the Safeguarding Children conferences, people are not going and there needs to be a consequence for this. Getting the correct people there is also an issue as some people don’t feel they are the correct people. The Trust has asked the Local Authority at Howden House to notify the central team of who they have invited so they can be chased but unfortunately they are not able to do this as so many people are involved. Mr Taylor suggested asking the executive to look into the detail and assure the committee of circumstances around individuals.</p> <p>Ms Lightbown brought to the committee’s attention that the Children’s and Social Work Act 2017 will require changes as to how local safeguarding children arrangements take place. Currently the Local Authority is the lead partner and this will become an equal partnership between the Police, Health Services, CCG and the Local Authority. More information regarding these changes will be brought to the Trust Board meeting and the committee will be kept informed.</p>	
<p>10) CQC Inspection Report – Clover City Practice</p> <p>The final report has been received and registered good in all five domains. This practice has improved greatly which is very positive and the committee was assured.</p>	
<p>11) CQC Final Task and Finish Oversight Group: Status Report (31 December 2017)</p> <p>A task and finish oversight group was established and ran during June – December 2017 following the comprehensive inspection report received last year. The group oversaw the must and should actions from two inspections, the Well Led inspection in May 2016 and the Comprehensive inspection in</p>	

<p>November 2016. The committee reviewed the progress made and discussed all actions completed and those still outstanding. As services undergo the reconfiguration this is impacting on staff and Michelle Fearon, Director of Operations and Transformation and Peter Bowie, Clinical Director have given assurance and will be working with the services until March 2018 to deliver revised operational governance infrastructure.</p>	
<p>12) Infection Control Committee Minutes – 14 June 2017</p> <p>The above minutes were for noting and Ms Sangha was available for comments / questions.</p> <p>Mr Mills asked about the problems experienced a while ago with the mattresses and if the audit showed the improvement everyone hoped to see. Ms Sangha has not received the report and will feedback at the next meeting. Mrs Rogers asked about the risk assessment around Phlebotomy Services and asked if the committee will be looking at this issue and Ms Sangha will also bring an update on this at the next meeting.</p>	<p>GS</p>
<p>Efficient and effective use of resource through evidence based clinical practice</p>	
<p>13) Complaints Management Quarterly Assurance Report</p> <p>Ms Hedland came and gave a brief update on the Quarter 2 Complaints report which recorded the following:</p> <ul style="list-style-type: none"> ○ 39 formal complaints recorded ○ 13 informal ○ 193 compliments ○ There was a response rate of 71% for formal complaints ○ 11 complaints were upheld, 12 partially upheld and 12 not upheld ○ Values and Behaviours was the highest rated category and was suggested this should be monitored as the volume of complaints was not usually relating to staff behaviour <p>The committee asked for the target response rate of 75% to be added to the report so comparisons can be made and Ms Hedland agreed. It was also asked about whether it is worth monitoring the values and behaviours and Mr Taylor confirmed work around this is being undertaken. Mrs Rogers raised a few points that were raised by the Workforce and OD Committee around the complaints report and whether it would be helpful to have a discussion around whether to separate the compliments as the main focus tends to be on complaints and the compliments data could be used elsewhere to give assurance to staff. Mr Thomas, Ms Hedland and Ms Saunders will meet to discuss this issue further.</p>	<p>MT / MS / WH</p>
<p>14) Eliminating Mixed Sex Accommodation Quarterly Assurance Report</p> <p>Building work is underway to make Dovedale EMSA complaint and this should be completed by April 2018. An additional paper will be brought to the next Quality Assurance Committee in February to give further assurance with confirmed timescales and plans regarding Burbage and Stanage wards also becoming compliant. Mr Clarke assured the committee that the Trust is working with service users and reputable contractors who are used to working in hospital environments. Making Dovedale EMSA complaint will be a good opportunity to learn and could help with longer term plans. The</p>	

	committee was assured that the process is being managed.	
15)	Clinical Quality Impact Assessment Monitoring Report for Q1 and Q2 The committee received the above report for the first two quarters of 2017/18 and the committee was assured by this report.	
16)	Quality Impact Assessment for Corporate Cost Improvement Plans 2017/18 The committee received the above plans for information and assurance. This is the first time the plans have come to the attention of the committee and out of 33 CIPs, 32 were approved and 1 is outstanding which is in relation to HR and E-rostering and BANK. Ms Lightbown confirmed she would follow this up. The Finance and Facilities Department did an excellent job with their CIPs and wanted to share this. The committee was assured by this report.	
17)	CQUINS – Quarterly Progress Report Dr Crimlisk and Ms Baxter gave an update on the CQUINS paper that was brought to the committee’s attention for information only. The committee discussed the progress that has been made and targets that have been set.	
Evaluation / Forward Planner		
18)	Committee Assurance The Committee agreed the following should be included on the Significant Issues Report to the Board in January 2018: <ul style="list-style-type: none"> ○ Quality Impact Assessments – impressed by these ○ Task and Finish Group Report – looked at this ○ EMSA 	
CLOSE		

Date and time of the next meeting
Monday 26 February 2018 at 1.00 pm
Rivelin Boardroom, Fulwood

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