

BOARD OF DIRECTORS MEETING (Open)

Date: 10th May 2017

Item Ref:

16ii

TITLE OF PAPER	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Mr Mervyn Thomas, Chair, Quality Assurance Committee Non-Executive Director
ACTION REQUIRED	For assurance
OUTCOME	To report items of significance discussed at Quality Assurance Committee on 24th April 2017
TIMETABLE FOR DECISION	To be discussed at May's Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Committee
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	Trust Board Assurance Framework – 4.3 NHS Audit Framework
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Timely Reporting to the Board of Directors
CONSIDERATION OF LEGAL ISSUES	None identified.

Author of Report	Mervyn Thomas
Designation	Chair, Quality Assurance Committee (Non-Executive Director)
Date of Report	May 2017



**Sheffield Health
and Social Care**
NHS Foundation Trust

SUMMARY REPORT

Report to: Board of Directors

Date: 10th May 2017

Subject: Quality Assurance Committee
Summary Report to the Board of Directors in respect of Significant Issues

Presented by: Mervyn Thomas, Chair, Quality Assurance Committee

Author: Tania Baxter, Head of Clinical Governance

1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 24th April 2017.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 24th April in May. However, the meeting is reviewed and the Committee agreed by means of this report to notify the Board of Directors of the following significant issues.

QAC Annual Report

The Committee discussed its annual report, which provided assurance on the performance of the Committee and how it had discharged its duties throughout the year.

Mortality Review

The Committee received the Trust's mortality overview for the last two years, together with assurance on the findings from the Mortality Review Group that commenced in February 2017. As the Board of Directors have new responsibilities in this regard, following the publication of guidance in March 2017, this report will be presented to May's Board of Directors meeting for further discussion.

Quality Accounts

The draft quality accounts were received. Committee members were afforded the opportunity to provide feedback over the next two weeks, prior to the accounts being provided externally for consideration.

Violence and Aggression Overview

The Committee was assured by this in-depth report and acknowledged how this fitted together with the work on reducing restrictive practices received in March 2017. The Committee also discussed how the work on reducing the harm caused by these incidents fitted into the Trust's Safety Plan.

Nutrition and Hydration Strategy and Implementation Plan

The Committee was appraised of the developments within the Trust around nutrition and hydration and how this work was being taken forward.

Clinical Audit Programme 2017/18

The Committee approved the Clinical Audit Programme for the Trust for 2017/18.

3. Actions

For the Board of Directors to note the issues raised and receive assurance the Quality Assurance Committee take appropriate action.

4. Contact Details

Mervyn Thomas, Chair of Quality Assurance Committee

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 27 March 2017 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. | Dr Mike Hunter | Medical Director |

In Attendance:

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

Apologies:

- | | | |
|-----|-------------------|--|
| 12. | Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 13. | Clive Clarke | Deputy Chief Executive/Director of Operations |
| 14. | Phillip Easthope | Executive Director of Finance |

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 27 February 2017</p> <p>The minutes of the meeting held on 27 February 2017 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising – 27/02/2017</u> <u>Service User Engagement Strategy Implementation Plan – Pg 4</u> The implementation plan for Service User Engagement Group has been to</p>	

EDG and will be going to the Council of Governors meeting in March.

EMSA – Pg 5

Mr Taylor confirmed that no complaints have been received regarding EMSA compliance.

Porterbrook Clinic – Pg 8

The non-executives visited Porterbrook Services and found the visit to be very informative, useful and helpful.

a) Action Log

Members reviewed and amended the action log accordingly.

General Governance Arrangements

4) CQC Mental Health Act Inspection and Monitoring Reports

Ms Lightbown summarised the two routine Mental Health Act Monitoring Visits at Burbage and Forest Close. The documents have already been to EDG and the MHA Committee. The reports have come to QAC to inform the committee that these visits have taken place and that a response is being given based on the actions identified. There were no outstanding actions from the previous inspection for both wards.

Burbage Ward:

One action to be carried out was to update the notice boards as some of the information was out of date and provider action statements now need to be completed. The issue of EMSA was raised on Burbage and acknowledged that the EMSA compliance could be improved. The directors have been asked to provide a review of the wards and an options appraisal needs to be completed with their recommendations to EDG in April 2017.

Forest Close:

The report highlighted a lack of access to the green rooms and Forest Close staff have taken part in a discussion regarding blanket restrictions and Code of Practice regulations. If the ward doors are locked preventing access to the green room this action is authorised and recorded appropriately under the Code of Practice. For a blanket restriction the hospital manager has to give authority for this to take place. Need to make sure the staff are able to articulate and provide evidence for the decisions made. The senior nurses in the Inpatient Directorate will be trained in the Mental Health Act so that they can become more skilled and help train other staff.

The actions are to be completed by the end of March and this is the directors' responsibility to manage this and update the final action plan which will go to the Care Standards Team who will notify CQC. Ms Lightbown will report back to the committee to confirm the actions have been completed.

LL

5) Revised Governance Structure for Mental Health Legislation

The paper was brought to the committee for information and assurance and has been discussed at the Mental Capacity Act Group, the Mental Health Act Committee and EDG. The proposed revised governance structure has been approved. The aim is to have a more effective governance arrangement across the Mental Health Act and Mental Capacity Act. Improvements need to be made to the Code of Practice in the Mental Capacity Act and be

<p>confident that staff are well trained and aware of the legislation requirements so that practice is safe and lawful. The Practice Development Group meet on a quarterly basis regarding the Mental Capacity Act with a positive attendance rate but the Trust needs a group that can look at policies and procedures and be confident that we have the correct processes in place. At the moment the committee does not receive any information regarding the Mental Capacity Act and this will change in the future. Mr Mills suggested the paper should add a paragraph to explain the rationale around the change and Ms Lightbown will update.</p>	LL
<p>6) Minutes from Committees:</p> <ul style="list-style-type: none"> a) Infection Control Committee November 2016 b) Safeguarding Adults Steering Group December 2016 c) Safeguarding Children Steering Group November 2016 <p>The committee received the notes for information.</p>	
Safety and Excellence in Patient Care	
<p>7) Safety Dashboard</p> <p>Members received the safety dashboard.</p> <p>Key points for noting:</p> <ul style="list-style-type: none"> ○ Ms Lightbown asked if EMSA could be added to the dashboard, it is already in the regulatory dashboard and Ms Lightbown requested they align. The committee agreed this would be helpful and briefly discussed alternative ways of looking at data which could be looked at further once the CQC report is received. ○ Dr Hunter confirmed that he was happy with the report once the zeros had been added in place of blank spaces on the death table. 	
<p>8) Quarterly Reports</p> <ul style="list-style-type: none"> i) Service User Safety Group Dr Hunter the purpose of the paper is to clarify the group is meeting, the attendance rate is good and a deep dive of each directorate's safety and risk profile is carried out as well as other sub groups who report into this meeting. Much of the information from the group is brought to this meeting such as the dashboard. The group has asked internal audit to look at the structure of governance reporting. After the internal audit is completed a further update will be brought to the meeting as to where the group sits, reporting and assurance. ii) Incident Management Dr Hunter highlighted the key points within the report and took questions: <ul style="list-style-type: none"> ○ There was a spike in serious incidents in 2016 regarding high numbers of death by suicide occurring in two directorates in the same month. These are being investigated. ○ The CCG target regarding quality of SUI reports was hit two quarters out of four. There is more work to be completed with the Risk Dept. ○ Mortality data is being incorporated into this document. ○ Exploitation and abuse is the dominant theme of incidents and a deep dive will come to this committee in April 2017. 	

<ul style="list-style-type: none"> ○ Slips, trips and falls data has reduced. ○ Medication incidents relating to temperature monitoring led to spikes in the data last year. <p>Mr Mills suggested it would be useful to have a definition of different incidents and in terms of the deaths data it was confirmed that the mortality data would be included in the next report. Dr Hunter fed back information from the latest Board meeting regarding the new responsibilities around mortality data:</p> <ul style="list-style-type: none"> ○ Quarterly reporting will start from April 2017 ○ All organisations will have a policy in place by September 2017 ○ A policy will be co-written with the North of England Group and customised to each individual Trust ○ A decision will be made about whether a death is considered as in scope or not in scope of an organisation. Deaths that are in scope a review of care will need to take place. ○ We need to adapt the structured judgement review that has been developed by the Royal College of Physicians in order to allow us to classify deaths appropriately ○ An emphasis on how families are involved in talking about and investigating deaths was requested <p>A paper regarding the above will be brought to the committee in due course.</p>	
<p>9) CQUIN Scheme 2017/2019</p> <p>Ms Baxter updated the committee on the CQUINS scheme for the next 2 years, in line with the national contracts. Negotiations are still taking place with the CCG regarding the sign off of CQUINS.</p> <p>We do not have local CQUINS any longer but there are five national CQUINS and two of these build upon two of the CQUINS that were implemented this year.</p> <ol style="list-style-type: none"> 1) Staff Wellbeing 2) Physical Health Promotion 3) Frequent Attendance at A&E 4) Transition 5) Alcohol and Tobacco <p>Ms Baxter will bring a more detailed CQUIN report to the meeting in May.</p>	TB
<p>10) Report from Restrictive Practice</p> <p>Dr Hunter gave a summary regarding the Reducing Restrictive Practice paper. Progress still needs to be made and a plan is in place to improve this over the next 6 months. This year the seclusion rate has increased because of a small increase in the longer term episodes and not the reduction in beds. Incidents of restraint have also increased but there has not been an increase in rapid tranquilisation. Endcliffe Ward has implemented all Safewards interventions successfully. The Acute and Inpatient Directorate are leading on implementing the plan to reduce restrictive interventions across the Trust. The directorate are having monthly performance management meetings and will report to EDG on a monthly basis regarding</p>	

<p>progress.</p> <p>The committee requested regular updates regarding Safewards on a quarterly basis and restraint updates will remain every 6 months.</p>	MH
Efficient and effective use of resource through evidence based clinical practice	
<p>11) Quality Impact Assessment (QIA) Procedure 2017/2018</p> <p>Members received the paper for approval and recommended that it goes to the Board meeting.</p>	
<p>12) Quality Account 2016/2017</p> <p>The draft report will be at the April meeting and the final report will be brought to the meeting in May.</p>	MH
Evaluation	
<p>13) Committee Assurance</p> <p>The Committee agreed the following should be included on the Significant Issues Report to the Board in April 2017:</p> <ul style="list-style-type: none"> ○ Mental Health Act Inspection ○ Restrictive Practices ○ Governance Arrangements ○ Quality Impact Assessment ○ Incidents Management ○ Safety Dashboard ○ Managing Mortality 	
CLOSE	

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

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