

## BOARD OF DIRECTORS MEETING (Open)

Date: 8 November 2017

Item Ref: 19b) i/ii

<b>TITLE OF PAPER</b>	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues and Minutes from the meeting held on 25 September 2017
<b>TO BE PRESENTED BY</b>	Mr Mervyn Thomas, Chair, Quality Assurance Committee Non-Executive Director
<b>ACTION REQUIRED</b>	For assurance
<b>OUTCOME</b>	To report items of significance discussed at Quality Assurance Committee on 23 October 2017
<b>TIMETABLE FOR DECISION</b>	To be discussed at November's Board of Directors meeting.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Minutes of the Committee
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES</b>	Trust Board Assurance Framework – A401ii – Trust Governance Systems are not sufficiently embedded NHS Audit Framework
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Timely Reporting to the Board of Directors
<b>CONSIDERATION OF LEGAL ISSUES</b>	None identified.

<b>Author of Report</b>	Mervyn Thomas
<b>Designation</b>	Chair, Quality Assurance Committee (Non-Executive Director)
<b>Date of Report</b>	November 2017



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

## SUMMARY REPORT

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**Report to:** Board of Directors

**Date:** 8 November 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:** Mike Hunter, Medical Director

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### 1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 23 October 2017.

### 2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 23 October in December. 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.

#### **PLACE Report**

The Trust's PLACE (Patient Led Assessment of the Care Environment) report was received, following publication of the national results in August 2017. PLACE assessments cover cleanliness, condition, appearance and maintenance, privacy, dignity and wellbeing, food and hydration, dementia and disability. The report showed SHSC as being above the national average in 7 out of the 8 areas assessed. The Committee considered this as an excellent report which provided significant assurance.

#### **Service User Engagement Report**

The Committee received a quarterly report covering the work of the Service User Engagement Group. The report provided evidence of positive service user engagement within the Trust. It was noted that improvements were necessary in gathering and using service user experience effectively and a bi-monthly executive led meeting had been established to oversee this. Internal Audit had recently completed a piece of work in this area, which will be reported to a future Committee meeting.

## **Mortality**

The quarterly mortality report was received by the Committee. This provided assurance that the Trust was doing what it needed to in line with the National Quality Board guidance. The Learning from Deaths Policy has been published and the Committee received the newly developed mortality dashboard, which will be presented to the Board Directors on a quarterly basis from December 2017.

## **Community and Specialist Directorates Suicide Review**

This report was commissioned to examine all suicides and suspected suicides that occurred within the Community and Specialist Directorates between 1 March 2016 and 31 April 2017. In total 22 deaths were reviewed, 15 service users of the Community Directorate and 7 service users of the Specialist Directorate. The Committee was assured by this review and learned that the findings will be used to shape the Trust's suicide prevention training which is currently being co-produced, for completion in January 2018.

## **3. Actions**

For the Board of Directors to note the issues raised and receive assurance that the Quality Assurance Committee has taken 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 25 September 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. | Dr Mike Hunter | Medical Director  |
| 5. | Liz Lightbown  | Executive Director of Nursing, Professions & Care Standards |

## 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.  | Dr Jonathan Mitchell | Associate Medical Director                         |
| 10. | Margaret Saunders    | Director of Corporate Governance (Board Secretary) |
| 11. | Katie Ballands       | PA to Medical Director (Notes)                     |

## Apologies:

- |     |                  |   |
|-----|------------------|---|
| 12. | Phillip Easthope | Executive Director of Finance                 |
| 13. | Clive Clarke     | Deputy Chief Executive/Director of Operations |

Minute	Item	Lead
	<p><b>Welcome &amp; Apologies</b></p> <p>The Chair welcomed everyone to the meeting and noted the apologies. Maggie Sherlock who is taking the role of Senior Quality Manager over from Tony Moore at the Sheffield CCG was also in attendance as an observer.</p>	
1)	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interest declared.</p>	
2)	<p><b>Minutes of the meeting held on 7 July 2017</b></p> <p>The minutes of the meeting held on 7 July 2017 were agreed as an accurate record.</p>	
3)	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>Matters Arising:</u>  <i>Corporate Risk Register – Quality Risks:</i>            Action carried over from previous meeting, Mrs Saunders to feedback to the</p>	<b>MS</b>

<p>directorates regarding clarification of the term regular event within the list of risks Mrs Saunders confirmed to the group that Risk 3717 had now been reassessed and reduced to directorate level.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly.</p>	
<p><b>General Governance Arrangements</b></p>	
<p><b>4) BAF and Corporate Risk Register aligned to Quality Assurance Committee</b></p> <p>Mrs Saunders is in the process of making the BAF clearer after the recent refresh and was happy to take questions on this.</p> <p>A101 – Mr Thomas asked why the report was showing this as red on the RAG rating as there was no explanation from the narrative and Mrs Saunders confirmed this was because the CQC rating given was requires improvement so could be a contradiction. The group questioned this as improvements are being made and the RAG rating should reflect this.</p> <p>Lack of Primary Care Strategy - an assurance of significant has been recorded and although work is in progress the group felt this recording is a little premature and should be changed. Mr Thomas felt this action was under the wrong committee and that this should be monitored by the Board until the strategy is complete and then where this action belongs can be a decision for the Board at the appropriate time.</p> <p>Ligatures – Assurance was given on this and Dr Hunter confirmed that policies include an audit within them to be able to give assurance.</p> <p>There were no comments made regarding the Corporate Risk Register and the committee looks forward to receiving the revised BAF.</p>	
<p><b>Safety and Excellence in Patient Care</b></p>	
<p><b>5) Safety Dashboard</b></p> <p>The safety dashboard was received for noting and the key areas were highlighted:</p> <ul style="list-style-type: none"> <li>○ Seclusions and restraints have reduced within the Inpatient Directorate</li> <li>○ Control limits have been explained</li> <li>○ Assaults with harm have reduced since the peak in April 2017</li> </ul> <p>Mr Mills also reminded everyone of the importance of the First Annual Safety Event will be taking place on 26 October 2017.</p>	
<p><b>6) Clinical Effectiveness Q1 Report</b></p> <p>Dr Hunter assured the committee that the Clinical Effectiveness Group are meeting regularly with good attendance and undertaking objectives and was open to questions from the committee. Dr Hunter confirmed that the Quality of Life tool had been developed and validated in paper form and is awaiting</p>	

<p>IT to program this onto Insight so monitoring and tracking can be done. This tool is specific to mental health rather than previous quality of life tools that were focussed more on physical health. It was asked if output and outcome measures are recorded and this was confirmed. Mr Thomas asked for some examples of this to be sent in an email to the committee for further assurance and Dr Mitchell confirmed he would do this.</p>	<p><b>JM</b></p>
<p><b>7) Annual Claims Overview</b></p> <p>Ms Hedland gave an overview of the report. There have been five clinical negligence cases and seven employer's liability cases settled in the last year. The number of Employer's Liability claims has reduced. The main category for EL claims is assault by service users. The committee asked if benchmarking against other Trusts could be done to see if the processes in place are working but Ms Hedland confirmed this was not possible but there are national figures that can be obtained and benchmarking can be done against these. The committee asked for more information about some of the claims to see if learning could be sought or potential trends. The committee was assured by this paper.</p>	
<p><b>8) Task and Finish Oversight Group: Progress and Status Report September 2017</b></p> <p>It was previously agreed that a progress update and status report would be provided to the Quality Assurance Committee and Ms Lightbown went through some of the points in the report that was received in March as detailed below:</p> <ul style="list-style-type: none"> <li>○ A task and finish group has been set up for 6 months</li> <li>○ As a result of the Well Led Review and Comprehensive Inspection there were 103 actions – 50 must, 53 should and 14 actions overall following an unannounced well led inspection. The Majority of actions have been completed with 2 further actions awaiting a care standard peer inspection</li> <li>○ The action regarding policies was downgraded and was listed that a policy should be reviewed within a stated time. A specified person has been appointed full time to go through the policies and update which is a significant amount of work</li> <li>○ At the Policies Governance Group a process for SOPs (Standard Operating Procedure) has been set up</li> <li>○ All actions within the Well Led Inspection are on track with the exception of policies</li> <li>○ Following the Comprehensive Inspection in November there were 89 actions given, 39 must and 50 should. Progress is being made and all actions are on track to be completed, just under half of these have been completed and the rest are under bespoke Care Standards Peer Inspections</li> <li>○ Once the redesign of the Longley Centre is completed the Trust will be EMSA compliant</li> <li>○ Plans put in place regarding ligature risks, blanket restrictions and work undertaken by the Restrictive Practice Group is fed back to CQC regularly</li> <li>○ Trust compliance regarding mandatory training has increased</li> <li>○ All actions within the reports will be completed by the specified times</li> </ul>	

<p>Mrs Rogers asked for assurance that the correct paperwork / signoff regarding incidents and serious incidents is being completed at Firs Hill Rise and Ms Lightbown informed the committee that she is still waiting for assurance so was unable to provide this at today's meeting. The committee was assured by the rest of the report.</p>	
<p><b>9) CQC Mental Health Act Inspection Reports and Provider Action Statements for Forest Close, Endcliffe, and Dovedale Wards</b></p> <p>Ms Lightbown gave assurance that the actions within the three reports had been completed. The committee asked about carer input as this is not always clear their input has been given and Ms Lightbown confirmed that Anne Cook and other colleagues are doing a piece of work on this. With regards to blanket restrictions the Trust is compliant within the meaning of the Code of Practice (COP) but this can cause criticism from the CQC. The directorates that attend the Restrictive Interventions Project Group have been asked to tabulate all blanket restrictions to check they are in accordance with the COP and the local CQC expectations. There was an informal meeting with the CQC last week and the Trust gave assurance that processes and plans have been put in place regarding blanket restrictions. Mrs Rogers asked about the frequency of the green room being used for seclusion and Ms Lightbown will ask the directorates for this information which can be reported into the Mental Health Act Committee and feedback can also be given here at a future meeting.</p>	
<p><b>10) CQC Mini Quality Summit for Clover Group</b></p> <p>Ms Lightbown gave a brief overview of the report from the summit held at the end of June. The committee was assured the action plan is updated regularly and has recently been peer inspected. As a result of this the rating was changed to blue. All actions with the exception of the telephone access have been completed and the committee was assured by this report.</p> <p>The CQC were re-inspecting Clover Group today.</p>	
<p><b>11) CQC Responsive / Unannounced Inspection Darnall Primary Care Centre (Clover Group)</b></p> <p>The committee received the report for information and assurance. Ms Lightbown confirmed there was an unannounced inspection in response to a complaint received in mid June to NHS England from a doctor. The inspection focussed on the well led domain, feedback was given and the overall rating of requires improvement given to the practice originally remained in place. A formal report received showed a breach of regulation 17 and this resulted in 5 actions, 4 must and 1 should. All actions within the reported have been completed and the majority have also been peer inspected. The committee was assured by this.</p>	
<p><b>12) Incident Management Q1 Report</b></p> <p>Members received the Incident Management report and Dr Hunter was available to take the following questions:</p> <ul style="list-style-type: none"> <li>○ Mrs Rogers enquired about the CCG target within some sections of the graphs and Dr Hunter explained the rationale around this.</li> </ul>	

<ul style="list-style-type: none"> <li>○ A question was raised about the difference between Insight and Safeguard data and Dr Hunter explained this is because there are two ways in which to report a death to our organisation. Insight data is for anyone who has had an episode at SHSC and Safeguard data is when a death is reported due to an incident.</li> <li>○ Mrs Rogers also asked about the number of reportable deaths on page 15 and the level of reporting within primary care as these figures seemed low. Ms Baxter explained this is dependent on whether there is a need for the coroner to be involved as many primary care deaths are only referred to a coroner if there are any concerns from family/carers or the person has died from unnatural causes. All deaths reported into the organisation are reviewed at the weekly mortality meetings. The committee asked if the primary care figures could be shown separately in the graphs as sometimes the data is not clear or a narrative be provided. A thematic review has been commissioned and will come back to the group in October regarding deaths in the Community and Specialist directorates.</li> <li>○ On page 35 regarding medicines management training regarding dosage. There was an incident with uncertainty around a dose of medication with a student nurse and Ms Lightbown will look at the discharge process outside of this meeting with Mrs Sangha.</li> </ul> <p>The committee was assured by this paper.</p>	
<p><b>13) Falls Management Overview</b></p> <p>The Falls Report is based on the NICE guidelines focussing on areas where people are receiving treatment that they need. This is not an area that can be labelled compliant or non compliant. A re-audit is due to take place in the next couple of weeks and will show improvements. The committee was assured by this paper.</p>	
<p><b>14) Medicines Safety Update</b></p> <p>The committee received the updated report, the main problems are the temperature controls and measures are place to improve and manage this situation. At the last Service User Safety Group Dr Hunter asked if the temperature issues can be shown on a separate graph in order to allow other potential issues to be seen. The Inpatient E-discharge System should not be a risk and this is being reviewed by Pharmacy. The committee was assured by this report.</p>	
<p><b>15) Safeguarding Adults and Children Q1 Reports</b></p> <p>Mrs Sangha went through the above reports and key points were noted below:</p> <p>Safeguarding Adults:</p> <ul style="list-style-type: none"> <li>○ Level 2 and domestic abuse training compliance has improved</li> <li>○ The actions within the report are on track to be completed on the specified dates</li> <li>○ The Safeguarding Tab has been reviewed and now records notification of concerns</li> <li>○ Issues around PREVENT training and staff competency and further training is being given to these staff members</li> </ul>	

<ul style="list-style-type: none"> <li>○ Will work with regional coordinators on a work plan so training is consistent with training delivered nationally</li> </ul> <p>Safeguarding Children:</p> <ul style="list-style-type: none"> <li>○ Level 2 and 3 training compliance has increased</li> <li>○ Supervision is now at 100% and work is being done to maintain this each quarter</li> <li>○ As above the actions within the report are on track to be completed on the specified dates</li> <li>○ The Transition to Adult Policy is being reviewed to incorporate city wide implications</li> <li>○ Child Protection Case Conference compliance has increased</li> <li>○ The training provided is also being reviewed</li> </ul> <p>The committee was assured by these reports.</p>	
<p><b>16) Infection, Prevention and Control Q1 Report</b></p> <p>Mrs Sangha gave an update on the above report and key points are noted below:</p> <ul style="list-style-type: none"> <li>○ Hand Hygiene compliance has increased</li> <li>○ Directorate queries are monitored to manage IPCT compliance</li> <li>○ The surveillance tables in the report are under review and will be redesigned</li> <li>○ The Clover Group surveillance data will be added to this report</li> <li>○ There has been one outbreak of D &amp; V at Woodland View</li> <li>○ More work will be carried out on MRSA screening so that this is flagged on Insight rather than leaving it to the individual</li> </ul> <p>The committee was assured by this report.</p>	
<b>Efficient and effective use of resource through evidence based clinical practice</b>	
<p><b>17) Mental Health Act Committee Q1 Report</b></p> <p>Ms Lightbown gave an update on key points of the report noted below:</p> <ul style="list-style-type: none"> <li>○ Ms Lightbown is working with her clinical risk colleagues regarding breaches, AWOL and incident reporting. A thematic review is being undertaken</li> <li>○ The new Police and Crime Act will reduce the amount of time people spend in S136 suites to 24 hours.</li> <li>○ Anne Cook has produced a SOP for when the CQC undertakes the Mental Health Act monitoring visits so procedures are clear</li> <li>○ A weekly compliance audit is undertaken on the wards and a monthly community treatment audit to identify key areas of practice</li> <li>○ In due course similar reports there will be available for the Mental Capacity Act</li> </ul> <p>The committee was assured.</p>	
<p><b>18) Mental Health Act Monitoring Visits Q1 Report</b></p> <p>Members received the above report and Ms Lightbown was available to take questions. The committee was assured by this paper.</p>	

<p><b>19) Complaints Management Q1 Report</b></p> <p>Ms Hedland came and gave a brief update on the Quarter 1 Complaints report which recorded the following:</p> <ul style="list-style-type: none"> <li>○ 51 formal complaints recorded</li> <li>○ 30 informal</li> <li>○ 163 compliments</li> <li>○ A response rate of 70%</li> <li>○ Staff attitude was the highest rated category for the first time</li> <li>○ The SW CMHT received the most complaints</li> </ul> <p>There has been a significant increase in formal complaints and Ms Hedland attributed this to the CMHTs but not the pending reconfiguration based on the feedback she has received from complainants and the figures. The group felt it may be useful to look into this further and Dr Hunter informed the committee that the Service User Safety Group have already requested Richard Bulmer, Service Director for the Community Directorate to complete a deep dive to produce a paper around this. Ms Sangha also assured the group that individuals at Argyll House were being looked into a result of complaints received. This paper will then come to this meeting and the committee was assured by this.</p>	
<p><b>20) EMSA Q1 Report</b></p> <p>The committee received the EMSA paper and it was pointed out that the date on page 2 is different to the date given previously and this may need clarification. The committee gave assurance of this paper.</p>	
<b>For Noting</b>	
<p><b>Health and Safety Committee Minutes</b></p> <p>The above minutes were noted.</p>	
<b>Evaluation</b>	
<p><b>21) Committee Assurance</b></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"> <li>○ Clinical Effectiveness</li> <li>○ Annual Claims Review</li> <li>○ CQC Task and Finish Group</li> <li>○ Clover Summit</li> <li>○ Medicines Safety</li> <li>○ MHA Papers</li> <li>○ Complaints</li> <li>○ EMSA</li> </ul>	
<p><b>CLOSE</b></p>	

**Date and time of the next meeting  
Monday 23 October 2017 at 1.00 pm  
Rivelin Boardroom, Fulwood**

*Apologies to Katie Ballands, PA to Medical Director [katie.ballands@shsc.nhs.uk](mailto:katie.ballands@shsc.nhs.uk)*