

OPEN BOARD OF DIRECTORS
11th January 2017

Item 16i/ii

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| 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 |

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| OUTCOME | To report items of significance discussed at Quality Assurance Committee on 19 th December 2016 |
| TIMETABLE FOR DECISION | None required |
| BAF OBJECTIVE No and TITLE | |
| LINKS TO OTHER KEY REPORTS / DECISIONS | Minutes of the Committee |
| LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC | Trust Board Assurance Framework NHS Audit Framework |
| IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT | Timely Reporting to the Board of Directors |
| CONSIDERATION OF LEGAL ISSUES | None Required |

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| Author of Report | Mervyn Thomas |
| Designation | Chair, Quality Assurance Committee (Non-Executive Director) |
| Date of Report | December 2016 |

SUMMARY REPORT

Report to: Board of Directors
Date: 11th January 2017
Subject: Quality Assurance Committee – Summary Report to the Board of Directors in respect of Significant Issues
From: Mervyn Thomas, Chair, Quality Assurance Committee

1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 19 December 2016.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 19th December in January. 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.

Mortality Review

The Committee received an overview of the Trust's mortality over the last two years, ending October 2016. This showed that the Trust had an elevated number of deaths in September 2016, which resulted from a higher than average number of suicides occurring in the Specialist and Community Directorates. These deaths are being reviewed in line with the Trust's Incident Management Policy. The Trust is part of the 'Northern Alliance' group of Trusts, which is undertaking development work around mortality reviews, facilitated by Mazars LLP. Quarterly mortality updates will continue to be provided to the Quality Assurance Committee.

Never Event

The Committee received and discussed the Trust's serious incident investigation report findings and action plan relating to the non-collapsing of a collapsible curtain rail on Burbage Ward in April 2016. Whilst the incident did not result in any injuries to the individual involved, all similar type curtain rails have been replaced on all inpatient areas, Trust policy has been updated and procedures in ensuring current guidance is circulated, have been made.

Inpatient Suicide

The Committee received and discussed the Trust's serious incident investigation report findings and action plan into a suicide using ligation on Stanage Ward in March 2016. The report findings showed excellent levels of care and treatment this individual had received whilst an inpatient. Some improvements to bathroom door locking systems have been made and inpatient areas are now piloting the use of an acuity tool. The Committee was assured that this tragic incident was unavoidable, which was also confirmed through the recent HM Coroner's inquest.

3. Required 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

Minutes of the meeting of the Quality Assurance Committee of the Sheffield Health and Social Care NHS Foundation Trust, held on Monday 28th November 2016, in Rivelin Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Com
2. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & OD Committee
3. Mr. Richard Mills, Non-Executive Director, Chair of Finance and Investment Committee
4. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
5. Mr. Phillip Easthope, Executive Director of Finance
6. Dr. Mike Hunter, Medical Director

In Attendance:

7. Mr. Kevan Taylor, Chief Executive
8. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
9. Ms Giz Sangha, Deputy Chief Nurse
10. Ms Tania Baxter, Head of Clinical Governance
11. Dr Jonathan Mitchell, Associate Medical Director, Governance
12. Tony Moore, CCG
13. Mrs. Sharon Sims, PA to Deputy Chief Executive (Minutes)
14. Gary Cooper, Nurse Shadowing Mr Taylor (Observer)

Apologies:

15. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

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| | Item | Action |
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| | <p>Welcome & Apologies: The Chair welcomed everyone and noted apologies.</p> | |
| 1/11/16 | <p>Declarations of Interest There were no new declarations of interest declared.</p> | |
| 2/11/16 | <p>Minutes and Matters Arising The minutes of the meeting held on 24th October 2016 were agreed as an accurate record.</p> <p>Matters Arising</p> <p><u>7/10/16 Q2 Clinical Effectiveness Group and Clinical Audit refers.</u> Dr Hunter agreed to liaise with Ms Lightbown to clarify medical representation on the Care Planning Group. Directorates have also been approached for their representatives or deputies. He noted that he will attend the next few meetings to enable it to gain momentum. Mr Taylor added the feedback from CQC inspectors, on collaborative care planning was very positive.</p> <p>Ms Baxter reported that a key will be added to the RAG rating.</p> | |

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| | <p><u>11/10/16 Service User Engagement Strategy refers</u> Ms Baxter confirmed the Service User Engagement Strategy Implementation Plan will be shared with Committee in December.</p> | TB (BF Dec) |
| 3/11/16 | <p>Action log</p> <p>25/7, and 24/10 Items relating to the Restrictive Practice will be scheduled for January 2017.</p> <p>Mortality Review update to this Committee in December. Mr Moore noted that was timely as the national process for mortality reviews had recently been published.</p> <p>Dr Hunter reported the Trust are part of Mazar's project under the Northern Alliance. Revised Terms of Reference for the Mortality Review Group had been drafted, and the group will develop a mortality dashboard and report into the Service User Safety Group (SUSG). This Committee will receive assurance through the SUSG.</p> <p>The Chair noted the Annual Planner will schedule timely reporting of items for the Committee.</p> | <p>B/F Jan</p> <p>B/F DEc</p> |
| 5/11/16 | <p>Regulation Dashboard</p> <p>The Committee received the Regulation Dashboard for information prior to its presentation to the Board.</p> <p>Mrs Rogers queried the rating against the Equality Act 2010 and noted Workforce and Organisation Development Committee had recently received this item prior to its presentation to the Board either in December 2016 or January 2017. Ms Baxter responded she had not been given notification that this item was compliant.</p> <p>Dr Hunter updated the Committee on some areas of the report, he noted an improvement on patient survey results in relation to care co-ordination which is now reported as average. Results against CQC indicate a decline, this is linked to CQC Inspection results, Requires Improvement. The PLACE inspection identified a lower than average score for organisation food. (assessment of procurement, food strategy).</p> <p>Mr Mills asked if NHSLA Claim History would be reported to this Committee. Ms Baxter responded the report is produced at the end of December and would be schedule for this Committee.</p> <p>Mr Mills reminded Committee the annual information governance toolkit would be due for completion, as part of mandatory training. Dr Hunter reported that Nicola Haywood-Alexander, IM&T Director was indicating an upward trend on completion of this tool and links to the ability to log onto computers.</p> <p>Mr Moore referenced the Intelligence Monitoring within the CQC domain and noted he thought it would be unlikely they would produce another report.</p> <p>The Committee discussed the frequency of this report and the necessity of reporting monthly rather quarterly. Mr Moore reported NHSSCCG find it useful information and would like it produced at least quarterly. Ms Baxter agreed to review the reporting schedule in terms of assurance and governance. A recommendation on the schedule will be made to the Committee as part of the work programme.</p> | TB (B/F tbc) |

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| 6/11/16 | <p>Minutes from Service User Safety Group</p> <p>The Committee received the minutes of the Service User Safety Group for information.</p> <p>Mrs Rogers queried data of 4% of deaths unavoidable. Ms Baxter informed Committee this was national data and should read 4% avoidable.</p> | |
| 7/11/16 | <p>CQC Well Led Action Plan</p> <p>The Committee received the Well Led Action Plan (Pg 1-13) and outstanding actions report on the CQC Visit from 2014 (pg 14 onwards), which are all embedded. Ms Sangha reported the Committee can be assured the action plan is being progressed against the regulatory breaches.</p> <p>Mr Taylor noted CQC had asked questions in relation to the ligature points on the recent visit. The outcome of which is unknown. The Action Plan does not recommend replacement of all taps and areas review and risk assess.</p> <p>Ms Sangha reported the QCQ Provider Information Requests (PIR's) had now reached 300 and the team were categorising these into themes.</p> <p>Mrs Rogers asked if the Mental Capacity Act training was moving ahead and noted the trainer had left. Ms Sangha responded a new trainer was in post and would continue delivery of the programme.</p> <p>The Chair noted the Committee were assured by the reports that the Well Led action plans were being monitored and concerns raised from the 2014 inspection had all been addressed.</p> | |
| 8/11/16 | <p>Quarter 2 Report – Infection Prevention and Control</p> <p>The Committee received the Quarter 2 Report for Infection Prevention and Control. Ms Sangha updated Committee that the MRSA Case had been investigated and the outcome was found to be avoidable. No further major outbreaks in this quarter, mock inspections had taken place to ensure audits were being completed.</p> <p>Mrs Rogers asked why medical staff were low on their hand hygiene. Ms Sangha responded that medical staff often receive their training differently and the co-ordination of training records needs to be aligned. It was suggested that narrative is added to the report to reflect this. The Chair suggested that Dr Hunter and Ms Sangha look at a process to ensure central recording of training is undertaken.</p> <p>Mr Moore referenced MRSA screening and noted the level was not where NHSSCCG would expect them to be, but acknowledged some progress had been made. Mr Moore asked for more narrative on the specimen totals.</p> <p>The Committee noted the report and were assured that the processes and systems are being monitored.</p> | MH/GS |

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| <p>9/11/16</p> | <p>Quarter 2 Reports Safeguarding</p> <p>The Committee received Quarter 2 Safeguarding Children and Adults reports.</p> <p>i <u>Children</u> Ms Sangha noted there had been some changes in reporting of mental health assessments and sharing information with Health Visitors. All documentation and routine statistics had been submitted on time.</p> <p>A refresh of audits had been undertaken and reflected in the report. A national questionnaire had also been completed in relation to the number of assessments. Training remains a challenge with the complexity of the stages of training, directorate reporting is now taking place and team managers can identify individuals who have not received training. Training is also being delivered on some sites.</p> <p>Mr Easthope reported there was now a new workstream focusing on ensuring directorate/team were complaint with training performance.</p> <p>The Chair noted he was surprised by the number external audits. Ms Sangha reported this was being reviewed across the city, she added the work on transition from child to adult was also not reflected in the report.</p> <p>The Committee noted the report and were assured by the report.</p> <p>ii <u>Adults</u> Ms Sangha reported all documentation and routine statistics had been submitted on time. There were concerns in the Safeguarding team which have been addressed and assurance given to external partners that this has stabilising.</p> <p>360 Assurance are involved in an audit of the service and will return to re-audit in February 2017. Future projects include radicalisation and modern slavery.</p> <p>Training as with Children’s remains challenging and a review of training in this and other Trusts is being undertaken early 2017.</p> <p>Mr Taylor noted that Sheffield was below average for training and awareness of radicalisation.</p> <p>The Committee noted the report and were assured by the report.</p> | |
| <p>10/11/16</p> | <p>Quarter 1 and 2 Reports Quality Impact Assessment.</p> <p>The Committee received Quarter 1 and 2 Quality Impact Assessments report for information.</p> <p>The Chair noted the report was received to assure the Committee impact assessments are undertaken to ensure quality is maintained following a CIP. The Medical Director and Chief Nurse the assurance and sign off the process.</p> <p>Mr Moore referenced an item and asked for clarity in relation to contracting of “Rehabilitation – Reduction of Out of City” and the provision for the small number of service users affected. The Chair referred this request to EDG members. Mr Clarke responded the item could be scheduled for the Contracting Board.</p> | <p>CC</p> |

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| <p>11/11/16</p> | <p>Safety Dashboard</p> <p>The Committee received the Safety Dashboard for information prior to presentation at the Board.</p> <p>Dr Hunter noted the dashboard was aggregated and going forward will be split and shared by Directorate. Some areas had been reporting below the mean for 10 consecutive periods, which would trigger a review of the mean average and lower control limits.</p> <p>Dr Hunter also noted that mortality would be in the headlines over the next 12 month period, he also clarified the Coroners inquest data, reporting the totals are for those still waiting an inquest from specific periods. The Chair asked if there were any concerns with mortality. Dr Hunter responded, there were not and data is looked at across teams in an historical context, the mortality dashboard will also be produced to look across the Trust.</p> <p>Mrs Rogers asked if mortality across the city was reviewed, Ms Baxter responded it was not, there is benchmarking against other mental health trusts, but nothing accessible across the city. Ms Sangha responded that Substance Misuse meet with the Coroner quarterly to review deaths where substance misuse had been cause of death.</p> <p>Mr Moore noted that CQC are due to publish their work on mortality, which may highlight both national and local issues.</p> | |
| <p>12/12/16</p> | <p>Quarter 2 CQUIN Scheme</p> <p>The Committee received the Quarter 2 CQUIN Report for information.</p> <p>Ms Baxter noted the report had been shared with EDG and she was now leading on this area and will be meeting with directorates to finalise this year and move ahead into 2017.</p> <p>Three areas failed to meet the CQUIN in the quarter. NHSSCCG have agreed to roll forward L2 Outcomes – care planning standards into Quarter 3-4 subject to improvements are made.</p> <p>The CQUIN N2 b Communication with General Practitioners has passed, an action plan is being developed. The Chair asked whether EDG were disappointed in not achieving this, Mr Taylor responded that it is a developing standard and parameters changed, Dr Hunter added that all 5 areas need to be covered to achieve the target and Cardio Metabolic Risk Assessment is the one element that appears to be missing.</p> <p>The CQUIN L5 Outcome –Formal Carers Assessments (CPA) under performed by 2% hitting 63% instead of 65%. Mr Clarke responded there is a focus on Carers and Pam Allen was taking this forward.</p> <p>The CQUIN programme for 2017-19 has been published, they are national targets with connectivity into the Sustainability, Transformation Plans. (STP).</p> <p>The Committee noted the report and were assured by the report.</p> | |

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| 13/11/16 | <p>Meeting Dates for 2017</p> <p>The Committee received and accepted the proposed meeting dates for 2017.</p> | |
| 14/11/16 | <p>Any Other Business</p> <p><u>Longley Meadows</u> Mr Clarke reported to Committee that concerns raised at Longley Meadows in relation to the environment had been addressed, the unit was now open to full capacity. He agreed to share further information in more detail with the Non Executive Directors.</p> <p><u>Meeting Papers</u> It was noted that the timing and circulation of meeting papers was being reviewed to ensure they are received in advance of the meeting.</p> | CC |
| 15/15/16 | <p>Significant Issues Report</p> <p>The Committee agreed to report to the Board the following items:</p> <ul style="list-style-type: none"> • CQC (Post meeting note: Board item) • CQUIN • Quality Impact Assessment (Post meeting note: Board item) | |

Apologies to Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370