

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 19th December 2016 at 1pm 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 | Interim Medical Director |
| 5. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

In Attendance

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| 6. Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 7. Giz Sangha | Deputy Chief Nurse |
| 8. Tania Baxter | Head of Clinical Governance |
| 9. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |
| 10. Giz Sangha | Deputy Chief Nurse |
| 11. Sharon Sims | PA to Deputy Chief Executive (Notes) |
| 12. Katie Ballands | PA to Medical Director (Observer) |
| 13. Wendy Hedland | Head of Corporate Affairs (Item ..) |

Apologies

- | | |
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| 14. Clive Clarke | Deputy Chief Executive/Director of Operations |
| 15. Phillip Easthope | Executive Director of Finance |

No	Item	Actions
	<p>Welcome & Apologies: The Chair welcomed everyone and noted the apologies.</p>	
1.	<p>Declarations of Interest There were no new declarations of interest declared</p>	
2.	<p>Minutes of the meeting held on 28th November 2016 The minutes of the meeting held on 28th November 2016 were agreed as an accurate record.</p>	
3.	<p>Matters Arising & Action Log</p> <p><u>Action Log 3/10/16 – Work Programme and Annual Planner refers</u> The Chair reported that progress had been made to develop the Committee’s work programme and planner and would be shared with Committee in January 2017.</p> <p><u>Action Log 5/11/16 – Regulation Dashboard, NHSLA Claims History refers</u> To note the led for this item is now Margaret Saunders, Director of Corporate Governance</p>	B/F Jan 2017

<p><u>Action Log 7/10/16 – Q2 Clinical Effectiveness Group, Care Planning Group refers</u> To note the lead for this item is now Dr Mike Hunter, Medical Director. Dr Hunter reported he had attending the group, which had met on two consecutive occasions. A review of the Care Planning Group’s Terms of Reference and its reporting schedule had been undertaken and would be agreed by the Clinical Effectiveness Group and ratified by EDG .</p>	
<p>4. Regulation Dashboard</p> <p>The Committee received the Regulation Dashboard for information. Dr Hunter referred to the discussion in November in relation to the purpose of receiving the dashboard monthly when amendments have been made.</p> <p>Ms Baxter noted the Intelligent Monitoring Indicator had been removed. Other indicators related to CQC and CMHT Survey will change once results received.</p> <p>Ms Harriman reported the dashboard was a useful tool to monitor external bodies. The Committee discussed the frequency and agreed to receive from January 2017 on a quarterly basis or by exception.</p>	<p>BF Jan 2017</p>
<p>5- CQC Registration</p> <p>The Chair noted the item had been deferred to January 2017</p>	<p>B/F Jan 2017</p>
<p>6. Minutes from Committees</p> <p>The Committee received the minutes from the following Committee for information.</p> <p>i Minutes Infection Control Committee</p>	
<p>7. Safety Dashboard</p> <p>The Committee received the Safety Dashboard for information. It was noted the Board would receive this report at its meeting in January 2017.</p> <p>Ms Baxter noted areas reporting significant variances had, had the statistical analysis formula applied to amend upper and lower control totals.</p> <p>Ms Harriman asked for clarity on the status of patients listed under missing persons, Ms Baxter referenced the table narrative noting the split in informal and detained patients. Ms Lightbown requested changes to the narrative to separate those patients detained under the MH Act, it was suggested that 2 separate graphs would be more beneficial. Ms Baxter noted the graphs are produced manually and a lengthy process as the data is collected by an individual reading every incident report and categorising it. The Clickview system is not currently available. Ms Baxter noted the Committee had, by request in the past been presented with a specific report on Missing Persons</p> <p>Ms Sangha assured Committee that wards know the status of missing patients, through co-ordination and updates to the on-call manager and bed management. Patients are often tracked and SYorks Police have intervened on occasions.</p> <p>The Chair asked if Ms Sangha and Ms Baxter could liaise to ensure there clarity of recording occurrences eg: AWOL, absconded etc and whether there are resource implications in the interim before Clickview to provide the suggested reports.</p>	<p>GS/TB</p>

8.

Mortality Review

The Committee received a report on the Trust's mortality and the work being undertaken by the Northern Alliance Mortality Group in conjunction with Mazars.

Dr Hunter reported that concerns had been raised at Southern Health in relation to the large number of properly investigated patient deaths. The outcome of an investigation undertaken by Auditors Mazars identified a gap in mortality data collection, presentation and benchmarking, universal recording system and thematic approaches to reviewing. Dr Hunter referenced the graphs and explained he thought the data had calculated every Insight episode of care on some graphs, therefore making the results appear high. He noted there had been higher than average mortality rate during September within two directorates, this had been attributed to a high suicide rate, all are being investigated and on track to report to NHSSCCG.

The Northern Alliance Mortality Group's next meet in January 2017 and Trust's have been asked to review and share their gaps. Dr Hunter noted he would be keen to work with the Northern Alliance on any pilot projects.

Dr Hunter noted that EDG had seen this report prior to coming to Committee and asked whether Board needed receive it or whether they would gain assurance that this Committee would be updated on a regular basis. The Chair suggested a brief outline is included in the Significant Issues Report to Board.

Mrs Rogers asked for clarity on the mean averages on the graphs, Dr Hunter responded that comparison could be reviewed, mindful that some directorates have high mortality eg: services for older people (Memory Services and Dementia). This may move to population by head graphs in the longer term.

Mr Mills supported the work to date and Dr Hunter's wish to be more engaged with any pilot projects. Mr Mills asked if Public Health and Acute Trusts were involved. Dr Hunter responded Acute mortality data was easier to collate, the criteria being, death whilst an in-patient or with a month of discharge. Secondary care deaths are more complex to collate and organisational ownership is often difficult to determine in some instances as patients remain on the system.

Ms Lightbown acknowledged it was a complex field, and felt there was a need to link into the National Suicide Prevention Strategy at local level and connectivity with the Trust's Mortality Surveillance Group. She noted a new strategy would be published early in 2017. In relation to data Ms Lightbown queried some returns. Ms Baxter responded the data had been taken straight from Insight against open episodes of care and noted a data cleanse would be required. Dr Hunter reported the Mortality Surveillance Group would feed into the Service User Safety Group, this would be reviewed in line with the Northern Alliance Mazar recommendations.

Ms Sangha reported some teams have implemented a flag system, and an action/reminder would be triggered if a patient is not seen for 6 months. This needs to roll out Trust wide. Patient deaths and cause are also recorded up to a year after death if informed by GP or relative, initiating a safeguarding report.

Ms Harriman reported the national frameworks and templates will be published early in alongside public documentation and guidance.

The Chair noted the report would remain in Committee and acknowledged the data and graphs needs to be revised. This Committee should review the progress of the Northern Alliance group on a quarterly basis. (March, June, September and December 2017) and would exception report to Board if required.

MH
(B/F March
17)

9.

Never Event (Exec Level Incident Report)

The Committee received an executive level “Never Event report following an incident.

Dr Hunter, gave the Committee the background to the incident reporting that a service user had attempted suicide using a curtain rail as a ligature point, due to low body weight the collapsible rail did not collapse. No significant harm came to the service user. Noting all the factors of the incident and changes in definition from NHS England the incident was escalated to a “Never Event “. The new definitions have been shared with directorates and estates directorate.

Dr Hunter reported action had been taken and all curtain rails had been replaced with magnetic connections and tested to lower body weights. The incident highlighted the need to ensure a systematic approach to ligature risk assessment and management of it. The policy had been revised.

Mr Mills reported that he had been the Non Executive Director lead for this investigation and acknowledge the work of the investigation team. He noted it had been an unusual case encompassing both clinical investigation and failure of equipment and the need to have assurance the incident had been fully investigated and to share any information on faulty equipment. He noted the risks identified were low due to the age of the equipment.

Ms Lightbown felt there was learning from the incident and the overall approach to management of patient safety. The CQC in 2014 had identified this area as requiring improvement. The decision not to join the “Sign Up to Safety” campaign could be reviewed with Dr Hunter. She also suggested a review of Trust’s receiving CQC “outstanding” ratings and understanding how they manage patient safety.

The Chair reported he felt the incident and had been thoroughly investigated and an action plan, accepted by EDG had been implemented and whether there was anything further to share with EDG or the Board. Ms Baxter noted EDG will monitor the action plan in line with the Incident Management Policy. The Chair suggested the Board are updated through the Significant Issues Report.

Ms Harriman reported NHSSCCG as an external body had seen the report, the Trust would need to agree their internal process for sharing lessons learned and the action plan.

10.

In-Patient Suicide (Exec Level Incident Report)

The Committee received an executive level report following a suicide on an in-patient ward in April.

Dr Hunter gave the Committee the background of the incident, noting the patient had severe and complex mental health problems resulting in multiple hospital admissions spanning a number of years. The last presentation to Stanage Ward had been different and following assessments the Care Co-ordinator had sourced new accommodation and planned for discharge. The patient died on the High Dependency Unit at Sheffield Teaching Hospital NHS FT following transfer from the ward, having been found unconscious with a low level ligature.

The case had been investigated and Dr Hunter noted the recommendations would not have affected the overall outcome of this case.

<p>Dr Hunter noted that at the time of the incident the wards were in transition reducing ward sizes from four to three and staff reported the wards felt busy. Dr Hunter also noted with more community intervention and avoiding admission were possible, the patients now being admitted were the most unwell.</p> <p>A recommendation of the review was to relook at multi-disciplinary team working, he noted that a Psychologist vacancy at the time of the incident had been unfilled. A further recommendation will be to review ligature points and lockable bedrooms and bathrooms. Ms Sangha reported that staff need to be vigilant when monitoring patients in bathrooms, and to be mindful of dignity and respect.</p> <p>Mr Mills asked if there were protocols for engaging with family groups in this case being dispersed around the world whilst retaining patient confidentiality. He also noted that, having read the report this incident appeared unpreventable and could have occurred in any setting. Dr Hunter responded reducing access to means reduces suicide.</p> <p>Ms Sangha reported that often patients themselves or the relatives recognise the triggers to becoming unwell. Ms Lightbown reported that evidence suggests that a patient with a higher than average IQ can be high risk, particularly during the 48 hour period following discharge, this incident occurred just prior to that period. The environment patients are now being care for in, is more intense and facilities are not fully eradicated of risks which poses a real challenge to minimise risk and suicide prevention.</p> <p>The Chair reported the Committee were assured a thorough investigation had concluded that everything that could be done to prevent this incident had been done. The Action Plan will be monitored by EDG.</p>	
<p>11. Community Mental Health Team (CMHT) Survey The Chair noted this item was deferred to February 2017.</p>	B/F Feb 2017
<p>12. Quarterly Reports</p> <p>i Quarter 2 - Incident Management The Committee received Quarter 2 Incident Management Report .</p> <p>Ms Baxter reported improvements to the report design, including control limits within graphs and the inclusion of mortality data. She noted the high rate of exportation and abuse reported within the quarter, which is shared with directorates.</p> <p>Ms Harriman asked for clarity on the Commissioning targets. Ms Baxter noted an error in the reporting and would amend accordingly .</p>	TB
<p>ii Quarter 2 – Complaints The Committee received the Quarter 2 Complaints Report.</p> <p>Ms Hedland noted there had been 37 formal, 60 informal complaints and 182 compliments. Response times for the quarter were 82%. Seven actions plans were outstanding.</p> <p>Ms Lightbown asked whether a theme had been identified for the five complaints upheld and if this could be included in an executive summary. Ms Hedland agreed to email Ms Lightbown with a response.</p>	WH(MS) WH(MS)

<p>Ms Lightbown asked if there was a mechanism outside of Mr Taylor, Chief Executive and Ms Hedland, Head of Corporate Affairs, who have sight of all complaints to review and identify any themes and if lessons had been learnt. Ms Hedland responded this was not being undertaken at the current time.</p> <p>Ms Harriman asked whether there was a plan to improve the low Learning Disabilities response times (17%). Ms Hedland responded she had met the Service and Clinical Director and had escalated concerns to the Director of Operations. The Chair asked if Mr Clarke could review this as a concern.</p> <p>Ms Saunders noted some directorates had increased their performance response times by upto 50% and there is a need to understand how this was achieved to enable this to be applied to Learning Disabilities directorate.</p>	<p>CC</p>
<p>iii Quarter 2 – EMSA</p> <p>The Committee received the Quarter 2 EMSA report for compliancy assurance.</p> <p>Ms Sangha noted an error in site visit dates, should read 2016 not 2017. The next EMSA audit is scheduled for March 2017. Ms Lightbown reported further detailed will be added to include the schedule and outcome of the visits, to ensure any breaches are recorded prior to submission to NHSSCCG. She also noted that CQC feedback had suggested that no further improvements could be made to Maple and consideration needs to be given to ward configuration in line with the CMHT reconfiguration. The Directorates have been asked to review data on patient profiles, age range and gender mix.</p> <p>The Chair noted the Committee were assured and agreed it could be shared with NHSSCCG.</p>	
<p>iv Quarter 2 – Mental Health Act Committee</p> <p>The Committee received Quarter 2 Mental Health Act Committee report for information.</p> <p>Ms Lightbown reported that CQC Well Led review had identified two regulatory breaches in relation to Mental Health Act and training which are being managed. The governance and terms of reference of the Mental Health Act Committee and Policy Task and Finish Group are being reviewed.</p> <p>The Committee will receive a number of inspection reports in January 2017.</p> <p>The Mental Health Act Committee will focus on training, performance audits and policies and procedures. A review of training had been started by Denise Woods with support from Ms Sangha on nursing issues. A report will be shared with EDG in January 2017. The medical staff have the role of responsible clinician, this will be reviewed with the aim of expanding this to other health professionals.</p> <p>Mrs Rogers noted the rise in community treatment orders (CTO) and asked Ms Lightbown if she was concerned. Ms Lightbown responded the rise can be attributed to a rise in acuity.</p> <p>The Chair noted the Committee received the report for information.</p>	<p>BF Jan 2017</p>
<p>13. Service User Engagement Strategy Implementation Plan The Chair noted this item was deferred to January y 2017.</p>	<p>BF Jan 2017</p>

<p>14.</p> <p>CQC Compliance</p> <p>i <u>CQC Comprehensive Inspection Update</u> The Committee received the Comprehensive Inspection Update for information. Ms Lightbown noted due to the timing of the Committee, the CQC’s “Letter of Concern” which is not a regulatory breach or enforcement had not been included in the update. She assured Committee that EDG had discussed and submitted an action plan to CQC on 15th December 2016, Ms Lightbown agreed to email it to all Committee members and for the Committee to formally receive it in January 2017.</p> <p>Mr Mills noted that the Quality Summit had been scheduled for 1st March and asked if Non Executive Directors were required to attend. Ms Lightbown responded, to her knowledge the Trust Chair and Mr Thomas, Chair of Quality Assurance Committee had been invited.</p> <p>ii <u>CQC Actions Adult Social Care</u> The Committee received a new style report, designed to be used at ward/team level detailing outstanding actions from CQC inspections for adult social care services. Ms Lightbown noted that following EDG the report had been updated: Hurlfield View’s DBS checks completed (BLUE), with the unit closing decisions were made not to redecorate. Woodland Views, dining environment would be upgraded following agreement at BPG. Warminster Road’s HR policies had been updated (BLUE). Longley Meadows’s AMBER rating for Regulation 17, Good governance to assess and monitor quality of care will be progresses, mindful of the unit closure. All actions for Wainwright Crescent had been completed.</p> <p>The Chair reported the framework was helpful to understand the actions and their progression. Ms Lightbown noted if Committee had any comments on the frameworks design to contact the Care Standards Team.</p> <p>iii <u>CQC Action Well Led</u> The Committee received the action plan for assurance, following the unannounced Well Led inspection from May 2016. There were Two regulatory breeches; Mental Health Act Code of Practice and managing compliance with Mental Capacity Act; and compliance with mandatory training – Mental Health Act/Deprivation of Liberties, of the eleven “must do” actions five are complete and six rated amber. The “should do” for policies and supervision are also on track.</p> <p>The Chair noted the Committee were assured that the actions plans were being monitored and progressed.</p>	<p>LL B/F Jan 2017</p>
<p>15.</p> <p>Evaluation</p> <p>The Committee evaluated the meeting. The Chair asked for the following items to be included on the Significant Issues Report for the Board in January 2017. Mortality Review, Never Event and Serious Incident Reports. Ms Baxter agreed to draft the report.</p> <p>The Committee discussed the Board Assurance Framework, The Chair and Ms Saunders agreed to meet to discuss how the Board Assurance Framework could feed into the agenda of the Committee.</p>	<p>TB</p> <p>MS/Chair</p>

Date and time of the next meeting
Monday 23rd January 2017 at 1pm in Rivelin Boardroom,
Apologies to Sharon Sims, PA to Deputy Chief Executive sharon.sims@shsc.nhs.uk