

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 23rd January 2017 at 1pm 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. Phillip Easthope Executive Director of Finance
- 5. Liz Lightbown Executive Director of Nursing, Professions & Care Standards
- 6. Dr Mike Hunter Medical Director

In Attendance

- 7. Margaret Saunders Director of Corporate Governance (Board Secretary)
- 8. Dr Jonathan Mitchell Associate Medical Director
- 9. Tania Baxter Head of Clinical Governance
- 10. Jane Harriman Deputy Chief Nurse, NHS Sheffield CCG
- 11. Sharon Sims PA to Deputy Chief Executive (Notes)

Apologies

- 12. Clive Clarke Deputy Chief Executive/Director of Operations
- 13. Giz Sangha Deputy Chief Nurse

No	Item	Lead
	Welcome & Apologies The Chair welcomed everyone to the meeting and noted the apologies.	
1.	Declarations of Interest There were no new declarations of interest declared.	
2.	Minutes of the meeting held on 19th December 2016 The minutes of the meeting held on 19 th December 2016 were agreed as an accurate record.	
3.	Matters Arising & Action Log <u>8/12/16 Mortality Review refers</u> Dr Hunter reported Ms Baxter and Ms Sangha attended the recent Northern Alliance Group in Durham. The Trust are in early stage development and feedback from the event suggested other Trusts were in a similar position. Bradford hold a weekly mortality review group, a visit is planned to gain further insight. The Chair asked whether deaths occurred weekly in the Trust. Ms Baxter responded, deaths did occur weekly, but not all are investigated as serious untoward incidents (SUI's).	

Dr Hunter noted Humber had vacancies on a structured judgement analysis course they had developed, which focuses on thematic review. The Trust will take up some spare places on this course.

9/12/16 Never Events refers

Mrs Rogers asked for clarity on where the report and action plan were shared. Ms Baxter responded, the Trust's incident management report is reviewed by this Committee quarterly and any lessons learnt from closed incidents are included in that report. Any action requiring trust wide cascade would be included on a risk bulletin. Dr Hunter noted the Quality Improvement event this year would focus on patient safety, sharing and learning from incidents.

Members reviewed and amended the action plan accordingly.

4. Committee work programme

The Committee received the draft work programme.

The Chair reported the work programme would be aligned to the terms of reference, and follow the section headings.

Mrs Rogers felt that specific audits and projects were missing, using the focus of one audit and mortality review work, research and innovation as examples. Ms Lightbown felt the specific projects would report into overarching groups, and reporting back to this Committee. There needed to be clarity on what assurance is needed by this Committee.

Ms Baxter noted the historical stand alone reports would now be taken through the three groups reporting to this Committee. Service User Safety Group, Clinical Effectiveness Group and the Service User Engagement and Experience Group. They would be expected to produce quarterly assurance reports. Any specific topics that the Committee wished to see would need to be agreed. The Chair noting any new innovations would be included in this category. The exception reporting and escalation would also be required from the three groups.

Ms Harriman was mindful of the large agenda and asked for distinction of items that are for assurance or information, using minutes of various sub groups as an example of information.

Ms Baxter reported the schedule was a working document and could be adapted. Mr Easthope reported the committee need to review its terms of reference, including the frequency of meetings, which may help with agenda setting for quarterly and annual reports. Dr Hunter agreed to review frequency with the Chair. The Chair reported the Committee would receive a further draft iteration at the next meeting.

(B/F Feb)

General Governance Arrangements

5. Regulation Dashboard

The Committee received the Regulation Dashboard. Dr Hunter reminded members the report would, in future be presented quarterly.

Ms Baxter reported the schedule had commenced in January 2017 to reflect NHSLA ratings published in December 2016. The Trust remain Red due to the number of historical claims. NHSLA publish the next rating in December 2017.

The Chair asked if there were any consequences of the Trust being Red, Ms Baxter responded there would be an increase in the annual contribution, and that Regulators do not seem interested.

Ms Lightbown noted an error in the data on MH Act inspection, referencing a visit to Pinecroft, the unit closed in December 2016.

6. CQC Registration

i Mental Health Act Reviews - Monthly Progress Report

The Committee received MH Act review reports, as a benchmark following the Trust's inspections, they gave Committee assurance that governance arrangements were in place for MH Act and Mental Capacity Act.

Following any MH Act inspection, initial verbal feedback is received, prior to a written report. A provider assessment statement is prepared and returned to the CQC. The internal action plans would be managed internally, and shared corporate oversight between the Care Standards and MH Act and Mental Capacity teams. She used the breach from the Well Led Inspection in relation to the monitoring of the Mental Health Act Code of Practice as an example of where a new system had been implemented. Of the thirteen inspections, six remain open, whilst G1 did not have any concerns following the visit, an internal inspection resulted in actions.

Three new sub groups would be established from the MH Act, Mental Capacity Act Committee to focus on training, policies and procedures, and practice improvement.

Ms Lightbown would share with Committee the revised governance structure for Mental Health Act and Mental Capacity Act in March. The structure would be operational from 1st April 2017.

The Chair noted the report gave the Committee assurance the processes were monitored and managed.

ii Actions - Well-Led - Monthly Progress Report

The Committee received an update on the action plan following the Well Led inspection, which resulted in two regulatory breaches.

Ms Lightbown reported the plan was on track, the final action plan would be submitted to CQC on 2nd February 2017.

Mr Mills asked for clarity on whether all policies would have been reviewed by June 2017. Ms Saunders responded, the Policy Review Group would be re-established, there was currently a governance process in virtual form. This group would have oversight of the Trust's policies.

Ms Lightbown noted the report to be submitted to the CQC on 2nd February would reference the current state of the relevant policies.

Mrs Rogers asked if the action in relation to supervision was on track. Ms Lightbown responded the action to ensure the senior management of the Trust had an overview of supervision undertaken was on track for 31st March 2017.

LL
(B/F Mar)

<p>The Chair noted the report was for assurance that the action plan would be submitted and progress monitored.</p> <p>iii <u>Adult Social Care Progress Report</u> The Committee received the Adult Social Care progress update.</p> <p>Ms Lightbown noted the report would move to dashboards and exception reporting to relevant Committees. Two areas had outstanding actions. Woodland View, due to planned environmental changes had been rated amber and Mansfield View received a green rating following the compilation of training evidence. All other actions had been completed. She also noted that Longley Meadows had been handed over to Sheffield City Council.</p> <p>Ms Lightbown noted the Committee could be assured that all regulatory changes in relation to executive responsibility had been made.</p>	
<p>7. Board Assurance Framework & Corporate Risk Register</p> <p>The Committee received the Board Assurance Framework and Corporate Risk Register. The Chair noted there were a number of risks for this Committee and had discussed them with Ms Saunders. They had concluded that risk1.1 covered a number of areas and these would be broken into specific areas. Suggestions for the how this could be achieved were welcomed by the Chair. The Committee agreed to explore this risk in more detail and forward suggestions to Ms Saunders. Breakdown by CQC domain had been suggested.</p> <p>The Committee discussed the specific risks.</p> <p>Risk 3333 - The risk remained high, a trial date had been set for mid March 2017.</p> <p>Risk 2948 - Following concerns at Porterbrook Clinic a clinical governance review would be undertaken, covering waiting times, case loads, outcomes, incidents and complaints. A report would be presented to the EDG and then to Quality Assurance Committee in February. This Committee would agree if the reported needed escalation to the Board in March.</p> <p>Risk 3322 - generic risk to quality and patient safety in relation to management of change. All directorates carry this risk, the overall risk and controls are generic, and action plans would be specific. It was noted the timeframe would change to 2017/18.</p> <p>The Chair queried risks 2310 and 3439, which had the same starting and residual risk and questioned the effectiveness of the controls. Ms Saunders noted this and would query this with the relevant leads. It was noted that under risk 2310 only supported living remained, and risks related to quality of care. The Chair queried whether the risk on staff morale should be reported to the Board and asked whether Workforce and OD Committee received this information. Mr Easthope suggested separating the risks.</p> <p>Risk 3439 - Concerns with review periods for Clover staff turnover and agreed authorisation of additional resources to 31st March 2017. Staffing concerns should be directed to Workforce and OD Committee.</p>	MS
<p>Dr Hunter needed to attend to a CQC matter, the Committee remained quorate.</p>	

<p>8. Minutes from Committees</p> <p>i <u>Service USEG</u> The Committee received the notes of the group for information.</p>	
<p>Safety and Excellence in Patient Care</p>	
<p>9. Safety Dashboard</p> <p>The Committee received the Safety Dashboard.</p> <p>Ms Baxter noted the report contained data on all missing patients. Following a request from Committee, the narrative now included breakdown by the section a person was on at the time of being AWOL or missing. The Chair asked for clarity on the term “missing” as seventy Section 3 patients had been reported missing. Ms Baxter responded, the majority of patients would be considered missing if they failed to return from leave at the allocated time. Ms Lightbown gave an outline of Section 17 Leave policy, noting this would be required if a patient had been sectioned. A condition of the leave is that a return date and time are recorded, along with a named individual with responsibility for that person during the period of leave. Different ways of recording delays in return could be explored. The Chair asked that the Leads review this area and include narrative that gives the Committee the assurance it required.</p> <p>Dr Hunter returned to the meeting.</p> <p>The Chair asked if a review of the number of cases of abuse and intimidation of service users had taken place. Ms Baxter responded the report was scheduled for this Committee in March.</p>	<p>(B/F Mar)</p>
<p>10. Coronial Report In-Patient Suicides</p> <p>The Committee received a coronial report detailing the four in-patient suicides.</p> <p>Dr Hunter noted the report had been discussed in Confidential Board recently. There was overlap in reports as Item 11 of this agenda related to one of the individuals.</p> <p>The Coroner asked the Trust to investigate the incidents, looking for any similarities in the deaths as they had all occurred on one site</p> <p>Dr Hunter reported the death on the older adult ward had no resemblance to those in the adults wards, as this one was very unusual in its presentation and circumstances leading to the suicide. He gave a brief outline of patient’s medical history and events leading to the incident, he noted the treatment the patient had received prior to admission to and once admitted, had, on reflection not been the right course of action. The patient had been found in a bathroom, two days after admission and had used a ligature point. Dr Hunter noted one ligature in that bathroom had been made safe, and the shower attachment had been missed. The Coroner had praised liaison and ward staff for their compassion.</p> <p>Dr Hunter reported the other three cases had a thematic theme. All the patients suffered psychotic disorders, and experienced false beliefs and isolated from families.</p>	

<p>They were considered high risk and in transition to an improving phase of their illness, which could have had adverse affects if observations were increased. The learning from these incidents had been to risk assess on observations of behaviours and review the training for staff to deal with people with psychotic disorders.</p> <p>Dr Hunter noted two of the incidents occurred during the transition of wards, when activity and bed occupancy had been high. Staff had noted in the investigation that the environment had been busy, but felt this had not contributed to their deaths.</p> <p>Dr Hunter reported in-patient suicide could be upto 5%, the Trust did not have this level and noted in-patient suicides were on a decline, as a result of ligature controls and an increase in community and home treatment.</p> <p>Mr Mills had concerns that staff had not received suicide prevention training. He acknowledged that obtaining medical history may have been difficult due to the patients travelling patterns. He referenced a discussion from Finance and Investment Committee which had acknowledged a difference in patient profiles and the need for services to adapt and asked where the risk assessment would be in patient's homes. He noted that suicide was at its highest rate for male s under forty years old.</p>	
<p>11. Executive Level Serious Incident – In-patient Suicide (SM 120506)</p> <p>The Committee received an executive level report following investigation of a suicide.</p> <p>Dr Hunter gave Committee a brief history of the patient noting they had been on a community treatment order, had been isolated from their family with no means of returning to the USA. The patient had attempted suicide and been found in time, they had continued treatment and shown signs of improvements which had been shared these staff. This patient would have benefited from one of the bedrooms being adapted with minimal fixings to reduce the risk of ligature.</p> <p>Ms Lightbown asked if the ligature risks were include on the Risk Register, Ms Saunders responded the Board of Directors had received notification of this on their Risk Register.</p>	
<p>Service User Engagement Strategy Implementation Plan The Committee noted the item had been deferred.</p>	
<p>12. The Committee discussed the content of the agenda and agreed Mental Health Act review and its progress and the ligature risks inclusion on the Corporate Risk Register should be included on the Significant Issues Report to the Board.</p>	

**Date and time of the next meeting
Monday 27th February 2017 at 1pm
Rivelin Boardroom,**

Apologies to Sharon Sims, PA to Deputy Chief Executive sharon.sims@shsc.nhs.uk