



BOARD OF DIRECTORS MEETING (Open)

Date: 12 July 2017

Item Ref:

17ia

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 26 June 2017
TIMETABLE FOR DECISION	To be discussed at July'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	6 July 2017



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

SUMMARY REPORT

Report to: Board of Directors

Date: 6 July 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 26 June 2017.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 26 June in August. 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.

Revised Terms of Reference

The Terms of Reference for the Committee have recently been revised, which the Committee discussed. Revisions around membership and attendance were suggested, following which the Committee agreed that they would be further reviewed in six months' time, following the review of all Board sub-committees.

Service User Engagement Update

The Committee discussed the Trust's engagement with Sheffield Flourish and agreed that they would wish to know more about their work and how our funding was being utilised. Roz Davies, Manager at Sheffield Flourish will be approached to provide information or attend a future board meeting.

Health and Safety

Following the recent fire at Grenfell Towers in London, assurance was sought over the Trust's buildings, particularly the cladding at the Longley Centre. The Committee received assurance that the Trust's cladding meets requirements and that additional assurance had been sought from the Fire and Rescue Service (although they were not able to respond to our request). Fire safety reporting to the Board was considered, and a Standard Operating Procedure (SOP) has been included within the Trust's strategy. An action plan has also been developed, following the investigation of the recent fires on Burbage Ward.

Infection Prevention Control, Safeguarding Adults and Children Reports

Assurance was provided on the 3 reports presented around infection control and safeguarding adults and children. Details of the new Safeguarding Team located at Fulwood House were also noted.

EMSA Report (Eliminating Mixed Sex Accommodation)

The report informed the Committee recent activity regards to EMSA, as well as any breaches of compliance. The assurance received from this report will be incorporated into the risk on the Corporate Risk Register.

Cardio Metabolic Assessment Audit Results

An in-depth look at the methodologies and results of this audit were discussed, together with the improvements made since the previous audit. This topic continues to be a National CQUIN for 2017-19 and requires physical health to be assessed and an individual patient level.

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 22 May 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. | Dr Mike Hunter | Medical Director |
| 4. | Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |
| 5. | Clive Clarke | Deputy Chief Executive/Director of Operations |
| 6. | Phillip Easthope | Executive Director of Finance |

In Attendance:

- | | | |
|-----|----------------------|----------------------------------------------------|
| 7. | Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 8. | Giz Sangha | Deputy Chief Nurse |
| 9. | Dr Jonathan Mitchell | Associate Medical Director |
| 10. | Tania Baxter | Head of Clinical Governance |
| 11. | Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |
| 12. | Sharon Sims | PA to Deputy Chief Executive (Notes) |

Apologies:

- | | | |
|-----|---------------|------------------------|
| 13. | Richard Mills | Non Executive Director |
|-----|---------------|------------------------|

Ref	Item	Action
1/5/17	Welcome & Apologies: The Chair welcomed everyone to the meeting and noted the apologies.	
	Declarations of Interest There were no new declarations of interest.	
2/5/17	Minutes of the meeting held on 24 April 2017 Minutes of the meeting held on 24 April 2017 were agreed as an accurate record.	
3/5/17	Matters Arising & Action Log <u>Matters Arising 27/3/17 CQC Mental Health Act Inspection and monitoring reports refers</u> Ms Lightbown reported she would check the actions from the discussion in March 2017, noting Committee had been presented with CQC Comprehensive Inspection November 2016. Trustwide Action Plan May	

2017 (Item 9)

Matters Arising 27/3/17 Revised Governance Structure of Mental Health Legislation refers

Ms Lightbown confirmed a paragraph had been added to the Legislation, following Non Executive Feedback a review of the governance structure and meeting scheduled had been undertaken. A final version would be shared with this Committee.

Matters Arising 16/4/17 Internal Audit refers

Ms Lightbown reported the outstanding action from the Deprivation of Liberties, (DOLS) had been addressed. Two medium and one low risk were on track. She noted actions from the Mental Capacity Act were scheduled for completion in June 2017. A final update report would be shared with Executive Directors Group (EDG) and this Committee in July 2017.

Dr Hunter noted a revision of the Committee's terms of reference would be undertaken in line with the internal audit relating to Quality Governance. EDG would receive an update on the reviews of care internal audit at the end of May 2017. Ms Baxter added following a meeting with Ms Saunders, Ms Woods and herself, in line with the Quality Governance internal audit the revised terms of reference would require ratification by this Committee in June 2017, mindful completion of all actions had been scheduled for 31 May 2017.

B/F June

a. Internal Audit Monitoring Arrangements

Members received internal monitoring arrangements for 360 Assurance Audit Reports, Mr Easthope the flow chart tracked the initial audit plan and risk assessment, scoping, undertaking of the audit to the completed report, he noted the exercise had proved useful and could be rolled out to other Committees. There is a cyclical audit plan, the Chair added the Committee could request an audit on any areas of concern.

b. Action Log

Members reviewed and amended the action log accordingly.

4/5/17

Infection Prevention Control (IPC) Quarter 4 Report

The Committee received the Quarter 4 Infection Prevention and Control Report for assurance. The Chair referenced the connectivity of this report with Risk 1.4 of the Board Assurance Framework.

Ms Sangha presented the report and highlighted a number of key points. Significant improvement had been made in hand hygiene training, physical health assessments and collation of infection data. A root cause analysis investigation would be undertaken on a service user diagnosed with a toxin producing Clostridium Difficile and reported to Committee in Quarter 1.

Mrs Rogers, asked for clarity on domestic cleaning monitoring of the cleaning schedule. Ms Sangha reported the supervision of the domestic staff had been devolved to Ward Managers. A review of cleaning schedules had undertaken and clear guidelines for product use disseminated. The IPC would carry out spot audits.

Ms Harriman asked for clarity on whether the Antibiotic stewardship would be in the new plan, mindful of the work being undertaken across the City. Ms

	<p>Sangha confirmed the plan had been developed with the Microbiologist, pharmacy and GPs and would feed into the citywide group.</p> <p>The Chair noted the report provided the Committee with assurance, infection prevention was monitored in the Trust.</p>	
5/5/17	<p>Quality Accounts – Final</p> <p>Members received the final draft of the Quality Accounts. The Chair noted the connectivity to Risks 1.1 and 1.4 of the Board Assurance Framework.</p> <p>Dr Hunter, noted the diversity of the report, from progress against the Trust’s three priority areas, accessibility, physical health improvement and working with service users to reporting on the Trust’s statutory and regulatory compliance. He noted the regulatory matrix had been used during the Care Quality Commission inspection.</p> <p>The key success areas include accessibility and working in collaboration with service users, mindful further work is required on physical health assessments. He added feedback had been received from Sheffield City Council (SCC), NHS Sheffield Clinical Commissioning Group (NHSSCCG), Health Watch and the Council of Governors.</p> <p>Ms Harriman asked if NHSSCCG had submitted its narrative, Ms Baxter confirmed it had and would be incorporated in the final iteration. Ms Baxter reported Healthwatch had submitted commentary in relation to increase in incidents (Pg67) to which the Trust responded. NHSSCCG had not shared the views of Healthwatch and held a different perspective. Ms Baxter would amend the report accordingly.</p> <p>Ms Harriman referenced the report stated compliance against Eliminating Single Sex Accommodation (EMSA) Pg 41. Ms Baxter noted feedback had been received and she was liaising with executive leads to agree a form of words. Sections on EMSA and Safeguarding required clarification and Ms Baxter would liaise with Ms Sangha. The Trust were compliant against measures used by the Chief Nurse and NHSSCCG guidelines, noting the CQC use different guidelines.</p> <p>The Chair noted objectives (Pg 16/17) referencing the co production of the Service User Engagement Strategy. Ms Baxter noted alignment to the Annual Plan was required. Dr Hunter reported it related to directorate plans.</p> <p>The Chair noted the changes on the Quality Accounts and reported they would be presented to the Board.</p>	
6/5/17	<p>Minutes from Committees:</p> <ul style="list-style-type: none"> a. MCA/DoLS Steering Group - March and April 2017 b. Safeguarding Adults Steering Group - 28 February 2017 c. Safeguarding Children Steering Group - 28 February 2017 <p>The Committee received the aforementioned minutes for information. Ms Lightbown noted the directorate representatives would in future be recorded on the MCA/DOLS steering group minutes.</p>	

7/5/17	<p>Safety Dashboard</p> <p>Members received the Safety Dashboard for assurance.</p> <p>Dr Hunter highlighted a number of key areas, noting an increase in restraints during April 2017, correlating to an increase in the number of assaults on service users in the same period. A small number of service users had been involved in a disproportionality large number of assaults resulting in restraint. The roll out of Safer Wards programme across the in-patient wards continue.</p> <p>The Chair asked if there were concerns and if services users were being managed in the appropriate environment. Dr Hunter noted historical patterns were reviewed, and there could be incidents were service users were awaiting transfer. He believed a high ratio of restraint vs large number of assaults would imply appropriate clinical intervention and rational had been applied to manage situations safely. Dr Hunter suggested clinical vignettes of a number of incidents could be presented to Committee to support the data.</p> <p>Ms Harriman noted an increase on “any other” infections and asked for a breakdown by type. Ms Sangha agreed to review the data. Ms Lightbown noted the Committee received reports from Infection Prevention Control and the requirement for consistent reporting. The Chair noted additional narrative on a significant change on a dashboard would be useful.</p> <p>Mr Easthope asked for clarity on why other infections had been selected, Dr Hunter responded they were selected by frequency. Ms Sangha agreed to review the IPC report and the data on the dash board to ensure consistent reporting.</p>	<p>MH</p> <p>GS</p> <p>GS</p>
8/5/17	<p>CQUIN Monitoring /Oversight</p> <p>Members received the end year report for information.</p> <p>Dr Hunter reported the Trust had achieved CQUINS of £1.25m against a £1.8m target. He noted flu had not been achieved, partial achievement of both physical health and alcohol. The GP Liaison had not been achieved due to rigours required. Care assessments reported over achievement on offer, resulting in under achievement in delivery. Those achieved matched the original target and discussions are on-going with Contracting. Care planning in crisis resolution and home treatment was achieved within quarter 4.</p> <p>The difference going forward would be a two year cycle of five nationally determined targets. They cover key areas of mental health requiring improvement and include: physical health, unhelpful excessive use of A&E, child, adolescent transition in to adult services, staff wellbeing and alcohol and tobacco. They will be monitored through directorates reporting into Trust Management Group.</p> <p>Ms Harriman asked for assurance that discussions from Contract Management Board feed into this report. Ms Baxter agreed to liaise with Ms Harriman. Mr Easthope noted the Trust would not be agreeing any local CQUINS.</p>	
9/5/17	<p>CQC Comprehensive Inspection, Trust Wide Action Plan May 2017</p> <p>Members received the final Trustwide action plan for information.</p>	

	<p>Ms Lightbown reported the action plan, in response the regulatory breaches following the CQC inspection had been submitted on 2 May 2017. She noted Primary Care had not been included.</p> <p>The Care Standards team had since submission incorporated all the “should be dones”. An action plan would be provided for each of the ten Core services, with responsibility to delivery in their own areas. A six month task and finish oversight group , chaired by Ms Lightbown had been established to monitor progress and ensure completion of actions by November 2017. Membership of the group would include Asst Service Directors and Snr Nurses and report into the Trust Management Group. This Committee would receive a quarterly update in September. Any exception reporting would be undertaken if necessary.</p> <p>The Chair reported the Committee were assured the actions would be monitored.</p>	<p>LL (B/F Sept)</p>
<p>10/5/17</p>	<p>CQC Inspection Reports:</p> <p>Ms Lightbown reported two CQC inspection reports had been received</p> <p>a. Woodland View Woodland View had improved significantly from, “Requires Improvement” to an overall “good” rating in all domains. She attributed this partly to changes in nursing leadership.</p> <p>She noted the Care Standards Team would be undertaking Peer inspection reviews to support teams in maintaining their compliance levels.</p> <p>The Chair, noted Mrs Rogers and himself had met with relatives at Woodland View on a non Executive Director visit and their feedback of the staff and care received been very positive.</p> <p>b. Buckwood View Buckwood View, a nursing home for people with learning or physical disability is registered with Guinness Partnerships, the Trust provide the staff and management team. They achieved “good” across all domains.</p>	
<p>11/5/17</p>	<p>Mental Health Act Committee Report - Quarter 4</p> <p>Members received a comprehensive MH Act Committee report for information.</p> <p>Ms Lightbown noted the report highlighted a number of areas of MH Act practice, monitored by the MH Act Committee who oversee and monitor understanding of performance, she noted meetings were well attended by senior operational colleagues. The new Head of MH Act Legislation had integrated well and developing the MH Act office and functions and had commenced weekly audits, she noted they were not all at 100% and further improvements would be made.</p> <p>New legislation changes would be implemented including Section 136 from the new Police and Crime Act, information had been cascaded. The actions following the CQC Mental Health Act monitoring visits were being</p>	

	<p>monitored, through the MH Act Committee. A number of breaches are logged as incidents under lawful practice. Ms Lightbown added the Trust were awaiting the feedback from the CQC visit.</p> <p>The Chair asked for clarity on the reference to blanket restrictions being contradictory to the MH Act Code of Practice. (Pg 8 3.1). Ms Lightbown responded the Restricted Interventions Project Group would discuss this issue. Dr Mitchell added this was an expert's option and the group would review this. Dr Hunter added an expert option would help frame the discussion for the Trust's own blanket restrictions and ensure appropriate signed off.</p> <p>The CQC openly had admitted they had not found these issues easy to inspect and plan to conduct multiple Well Led Mental Health inspections and Trust's ability to lead quality improvement. Ms Lightbown noted the learning from the inspection had been to ensure the right system or procedure had been in place to determine any blanket restriction and defend any decision making rationale.</p> <p>Mrs Rogers asked for clarity on EMSA and whether decisions had been made for single sex wards in the acute care reconfiguration. Ms Lightbown responded EDG were currently discussing EMSA and ward configuration.</p> <p>The Chair reported the Committee were assured by the report.</p>	
12/5/17	<p>Medicines Safety Overview</p> <p>Members received a report on Medicines Safety.</p> <p>Dr Hunter reported the CQC Inspection had raised concerns on medicines safety, specifically the meetings of the Medicines Safety Group and function of the Medicines Safety Officer. The report contained quantitative numerical data, including an update on training, which had improved significantly. The number of incidents reported had increased, a breakdown by type had been included. The Trust are the second highest reporter of incidents. Analysis had been undertaken and reviewed against national averages, bed occupancy, length of stay, acuity of patients etc. A review of the role and function had been commissioned by Dr Hunter and would be shared with this Committee.</p> <p>Dr Mitchell added a number of incidents had related to storage and fridge temperatures and a business case had been developed to address this issue</p> <p>Ms Harriman asked for connectivity with the Serious Incident report as a number of investigations had involved medicines. Ms Baxter noted the reference had been made on Pg 17.</p> <p>The Chair reported the Committee were assured by the report.</p>	MH (B/F)
13/5/17	<p>Safeguarding Adults Q4 Report</p> <p>Members received the Safeguarding Adults Quarter 4 report for information.</p> <p>Ms Sangha reported there had been staff changes in the team, with increased access to people seeking advice and city wide collaboration. Key performance indicators had also been revised and set in collaboration with SCC.</p> <p>A training plan review would be undertaken and additional trainers sought to</p>	

	<p>raise the training compliance level. She noted 78% against an 80% target. The staff competencies would also be reset. A prevent lead in the Trust would work with the team to identify vulnerable individuals at risk of being radicalised.</p> <p>Mrs Rogers asked for clarity on the action plan. Ms Sangha reported any new indication would require a new action plan, some areas were blank as they had been achieved in previous quarters. Ms Sangha noted there will be also an alignment of ratings to ensure consistency across the Trust.</p> <p>The Chair reported the Committee were assured by the report and noted connectivity to 1.4 on the Board Assurance Framework.</p>	
14/5/17	<p>Safeguarding Children Q4 Report</p> <p>Members received the Safeguarding Children Quarter 4 report for information.</p> <p>Ms Sangha reported a Safeguarding Children Development worker employed by SCC would be working across the city, she would be delivering the Trust's safeguarding children training and would review adult training programme on behalf of the Trust. Discussions would be taking place with partners in the city in relation to shared training resources.</p> <p>The Chair referenced level 6 training for Board members and asked for clarity. Ms Sangha agreed to review this area, noting Board members required a degree of training to ensure they were aware of the legal framework and had assurance that policies and procedures were in place.</p> <p>The Chair reported the Committee were assured by the report and noted connectivity to 1.4 on the Board Assurance Framework.</p>	GS
15/5/17	<p>Quality Improvement and Assurance Strategy - Safety Plan</p> <p>Members received the Safety Plan for information.</p> <p>Dr Hunter reported the safety work plan should be read in conjunction with the Quality Improvement and Assurance Strategy. He noted although the CQC had rated the Trust Good, the safety domain remained a concern, requiring improvement. A number of service transformations were on-going in the Trust, and any implementation in these areas could be seen as improvement to safety intervention. Discussions had also been undertaken with the Directorates to identify their priorities. These included, reduction in restrictions, EMSA, assaults, safeguarding, improving physical health assessments, medicines management and substance misuse. He noted a number of these areas mapped onto incidents and the CQC's lines of enquiry.</p> <p>An area to focus on will be leading factors, it is apparent time is spent looking at lagging factors, after investigations or reviewing dashboards. The Trust need to be pro-active approach to lead incidents, observe practice and have patient safety champions embedded in teams. Better real time broadcasting of safety issues would be developed, with a campaign of "Not Safe Not Sure" it was acknowledged information is fed into this Committee and Board, and often not cascaded down.</p> <p>A conference would be organised for the Autumn, as a springboard for</p>	

	<p>individuals to sign up to become safety champions. Dr Hunter noted as the lead for Safety domain, he would like to share the plan with the Board.</p> <p>The Chair welcomed the plan to address a number of safety concerns in the Trust, and were assured a plan had been implemented. The Chair also noted connectivity to Risk 1.1 of the Board Assurance Framework. Committee agreed to share the plan with Board.</p>	
16/5/17	<p>Quality Impact Assessment Q4 Monitoring Report</p> <p>Members received the Quality Impact Assessment Monitoring Report for Quarter 4 for information</p> <p>Ms Lightbown reported there had been no changes during quarter 4 and noted nothing untoward to report.</p>	
17/5/17	<p>Clinical Effectiveness</p> <p>Members received the Clinical Effectiveness Report for Quarter 4.</p> <p>Dr Hunter noted the report gave the annual summary position. The Clinical Effectiveness Group had raised concerns on its own effectiveness. Dr Hunter reported following a review the group were not meeting regularly and membership had improved. The group had delivered its objectives and reviewed its terms of reference in collaboration with Internal Audit. They had produced a generic specification for the terms of reference of clinical audit groups.</p> <p>The next steps include development of a work programme covering broad thematic categories, the first would be nationally driven projects and could include data extraction. There would also be contractual audits in line with procurement and contract specifications. Areas linked to implementation of Nice Guidance had been rated and prioritised. A shortlist of local quality improvement audits will also be included e.g. Microsystem projects.</p> <p>The Chair reported the Committee were assured by the report and approved the revised terms of reference.</p>	
18/5/17	<ul style="list-style-type: none"> • Forward Planner Dr Hunter and Ms Baxter agreed to review the agenda for August to determine the viability of meeting. • Confirmation of significant issues to report to the Board of Directors <ul style="list-style-type: none"> • Quality accounts • Safety plan • CQC Comp inspection • Woodland View and Buckwood View results • Reference update Internal audit DOLS issues 	MH/TB

Date and time of the next meeting Monday 26 June 2017 at 1.00 pm in Rivelin Boardroom,
Apologies to Katie Ballands, PA to Medical Director katie.ballands@shsc.nhs.uk