



BOARD OF DIRECTORS MEETING (Open)

Date: 11 October 2017

Item Ref: 13a)i/ ii

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 25 September 2017
TIMETABLE FOR DECISION	To be discussed at October'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 – A401ii – Trust Governance Systems are not sufficiently embedded 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	October 2017



SUMMARY REPORT

Report to: Board of Directors

Date: 11th October 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 25 September 2017.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 25 September in November. 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.

Clinical Effectiveness

The Clinical Effectiveness Group provided assurance on its work, reporting that it is meeting regularly with good attendance and is undertaking its objectives. The Quality of Life tool (specific to mental health) has been developed and validated in paper form and is awaiting IT to programme this onto Insight.

Annual Claims Review

The Committee reviewed the annual claims report and noted that the number of employer's liability claims has reduced. The main category for claims is assault by service users. The committee requested further information about a number of the claims in order to identify whether learning could be identified. The committee was assured by this report.

CQC Task and Finish Group

The Committee received a number of reports on the work relating to the Trust's CQC compliance and progress against actions following its last inspection. The Committee was assured that actions were being completed within the specified timescales and were satisfied with the assurance the report provided.

Clover Group Summit

The Committee received a report detailing the outcomes of the CQC summit held following the inspection of the Clover Group practices. Assurance was provided on the regular updating of the resulting action plan. The Committee was also informed that the follow-up inspection was taking place today by the CQC (25 September 2017).

Medicines Safety

This report provided assurances on the systems and processes in place to manage medicines safely. Ambient and refrigerator temperature issues cause the majority of medicines incidents reported within the Trust and measures have been put in place to improve this. The Service User Safety Group has requested such incidents to be shown separately so as not to mask any other potential incident concerns or trends.

Mental Health Act (MHA)

The Committee was informed about the new policing policy which will reduce the amount of time people spend in the health based place of safety (S136 suite) to 24 hours. The Mental Health Act Committee reviews all MHA breaches and incidents of service users going AWOL, via regular compliance reports.

Complaints

The quarterly complaints report showed there had been a significant increase in formal complaints and the Committee asked for this to be investigated. The Committee noted that the Service User Safety Group had also highlighted this as a cause for concern and the Service Director for the Community Directorate had been asked to provide assurances as to the cause and actions taken to address this.

Eliminating Mixed Sex Accommodation (EMSA)

The Committee received assurances that progress was being made in relation to the necessary actions to ensure the Trust is compliant with the EMSA guidance. Clarification as to the completion date on this work was sought.

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 24 July 2017 at 1.00 pm 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. | Phillip Easthope | Executive Director of Finance |
| 5. | Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

In Attendance:

- | | | |
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| 6. | Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |
| 7. | Maggie Sherlock | Senior Quality Manager, NHS Sheffield CCG |
| 8. | Tania Baxter | Head of Clinical Governance |
| 9. | Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 10. | Ann Stanley | Non Executive Director |
| 11. | Helen Crimlisk | Deputy Medical Director |
| 12. | Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | | |
|-----|----------------------|---|
| 13. | Dr Mike Hunter | Medical Director |
| 14. | Clive Clarke | Deputy Chief Executive/Director of Operations |
| 15. | Giz Sangha | Deputy Chief Nurse |
| 16. | Dr Jonathan Mitchell | Associate Medical Director |
| 17. | Kevan Taylor | Chief Executive |

Minute	Item	Lead
	<p>Welcome & Apologies</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>Declarations of Interest</p> <p>There were no new declarations of interest declared.</p>	
2)	<p>Minutes of the meeting held on 26 June 2017</p> <p>The minutes of the meeting held on 26 June 2017 were agreed as an accurate record.</p>	

<p>stronger and suspect that more is being done than stated. The committee was not assured by this risk although there was no doubt the situation is being dealt with and the committee felt it needs to be expressed in a positive way.</p> <p>3788 – EMSA – Separate wards in the Longley Centre redesign have been confirmed. The narrative needs to include the short, medium and long term plans and the persons responsible should include director level. After the suggested alterations have been made the committee felt assured and would like a review of the risk rating in 6 months time</p> <p>3679 – Ligatures – Controls have been put in place and targets around data have been set for September. This will continue to be reviewed and the committee was assured by this.</p> <p>2125 – Including Service Users – The Service User Strategy has been to board the SU Engagement Group is functioning effectively and regular progress reports are given to Board. The committee felt that although there seems to be little risk it is still important to review the structures that are in place and show the success of managing this. The committee was assured.</p> <p>3439 – Clover Group – An update was given at the last Board meeting and the risk will be updated at the end of the month following controls that need to be put in place around the performance report and the agreed action at board around key performance indicators. The risk is still high and Mr Easthope will update this according to previous discussions.</p> <p>3717 - Risk of Potential Detrimental Impact on the Dementia Care Pathway following the closure of Hurlfield View – The Finance and Investment Committee felt this was more relevant for the Quality Assurance Committee. Mrs Saunders will amend the risk register to reflect this risk is now under the Quality Assurance Committee.</p> <p>Ms Harriman asked Mrs Saunders about bed occupancy and queried if this should be on the risk register and should it remain under quality. Mrs Saunders agreed to send the benchmarking data received previously to Ms Harriman.</p>	<p>PE</p> <p>MS</p>
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Safety and Excellence in Patient Care	
<p>5) Safety Dashboard</p> <p>The safety dashboard was received for noting and the key areas were highlighted:</p> <ul style="list-style-type: none"> ○ The graphs that show different control limits are dependent on the numbers within the graph and a narrative is provided where possible if the figures are above or below the control limit. The limits change depending on the control limits. Tania to provide information in the summary regarding control limits. ○ EDG receive a monthly update on restrictive practice and the implementation of safeguards, so far they have had two reports. This committee will receive updates every 6 months. ○ There was a discussion around how missing patients is labelled and the need for a distinction between the two when looking at data. It may need missing detained to show as AWOL and missing but not 	

<p>detained as missing and Ms Baxter agreed to show this information in future in a helpful and clear way. Ms Baxter also agreed to look at a helpful way to show the number of people missing versus the number of incidents.</p>	TB
<p>6) Regulation Dashboard</p> <p>Members received the regulation dashboard and Ms Baxter was available to take questions. The committee was assured by this paper.</p>	
<p>7) CQUIN Quarterly Review</p> <p>Ms Baxter gave an update on this quarter's CQUIN review and the key points were as follows:</p> <ul style="list-style-type: none"> ○ The evidence regarding the five national CQUINS has been collated and collected but not yet submitted to the CCG ○ The nicotine and alcohol assessment baseline data has been sent and shared with the CCG ○ All quarter one objectives have been met ○ Monthly operational meetings have been set up with the service and clinical directors to performance manage the CQUINS progress ○ Mr Mills asked for the summary of the financial impact through the years and Ms Baxter agreed this could be added to the report. Monthly action plans would also be available as time goes on <p>The committee wanted to be assured that action plans are in place and would go to EDG. After the following suggestions the committee was assured by this report.</p>	
<p>8) Mortality Quarterly Overview</p> <p>Ms Baxter presented the findings from Mazars after a recent visit to Durham and SHSC seem to be doing more than the other 9 Trusts that attended. The number of reported deaths has increased due to a surge in awareness and reporting of deaths. The Board discussed in May / June having a dashboard at a local level and discussions around how this will be meaningful. EDG have commissioned a review into suicides from the Community and Specialist Directorates. This report is due back at EDG mid-August and may come to this committee also from a learning perspective.</p>	
<p>9) Falls Bi-annual Overview</p> <p>This item was deferred to September 2017.</p>	
<p>10) 136 Suite Bi-Annual Overview</p> <p>There have been concerns around place of safety and the Trust opened a second place of safety bed last year. This has had a big impact with regards to bed closures and from data gathered around waiting times shows the average wait is 4 hours and outcomes after being in the S136 Suite show the majority of patients are discharged. In the past there have been problems with CAMHS about children being held in the 136 suite and the Beckton Centre is opening a S136 Suite for CAMHS patients on 31 July 2017. Young people are not able to go to police stations anymore unless</p>	

<p>under exceptional circumstances and this will impact the work of the Street Triage Team. The Place of Safety Regulations are changing soon and the monitoring and process will be impacted. A patient's home will be considered as a place of safety once this change takes effect.</p> <p>The committee was assured by this report and requested regular updates in future which Ms Lightbown suggested linking with Anne Cook, Head of Mental Health Legislation so the qualitative data can also be included in the report from the Mental Health Act Committee.</p>	
<p>11) MCA / DOLS Steering Group Minutes- 5 June 2017</p> <p>The committee received the minutes for information and gave assurance of this paper.</p>	
<p>12) Nutrition and Hydration Group Report</p> <p>The committee received the report for information and assurance. Ms Lightbown confirmed that the meeting meets monthly and is led by Julie Edwards, Director of Therapies and are on track with all actions and Ms Lightbown is happy to bring a further update in 6 months time.</p>	LS
Efficient and effective use of resource through evidence based clinical practice	
<p>13) Complaints Management Annual Report</p> <p>Ms Saunders gave a brief update about the complaints report. The Trust is not meeting its targets of 85% and the rate is currently 71% from 41%. There have been 4 ombudsman reports, 1 was not upheld, 1 was partially upheld and 2 are in progress. An increase in complaints is expected with the transformational changes that are taking place. Ms Harriman asked for the following improvements to be made to the report in order to clarify action:</p> <ul style="list-style-type: none"> ○ Targets ○ Analysis of data ○ The improvements being made as the report states suggestions have been made but does not clarify what ○ Assurance that something is being done at either director or corporate level ○ Friends and Family Test can be fed back into the report <p>Care Opinion may impact positively with both complaints and compliments, this may show a reduction in compliments and complaints as another way to do this is given to people. Ms Saunders will speak to Wendy Hedland about the changes that can be made to the report.</p> <p>Ms Lightbown asked who was taking responsibility for the actions from the recommendations that result from a complaint as previously the directorates have wanted to and Ms Lightbown asked if this was still the case and Ms Saunders will find out.</p>	<p>MS</p> <p>MS</p>

Evaluation	
14)	<p>Committee Assurance</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"> ○ Mortality Review ○ Complaints Report ○ Dashboard ○ CQUINS QAC Corporate Risk Register ○ BAF
CLOSE	

Date and time of the next meeting
Monday 25 September 2017 at 1.00 pm
Rivelin Boardroom, Fulwood

Apologies to Katie Ballands, PA to Medical Director katie.ballands@shsc.nhs.uk