

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 23 October 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. | Dr Mike Hunter | Medical Director |
| 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. | Tania Baxter | Head of Clinical Governance |
| 8. | Giz Sangha | Deputy Chief Nurse |
| 9. | Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 10. | Phillip Easthope | Executive Director of Finance (left at 3.20pm) |
| 11. | Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | | |
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| 12. | Clive Clarke | Deputy Chief Executive/Director of Operations |
| 13. | Dr Jonathan Mitchell | Associate Medical Director |

Minute	Item	Lead
	<p>Welcome & Apologies</p> <p>The Chair welcomed everyone to the meeting and noted the apologies.</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 25 September 2017</p> <p>The minutes of the meeting held on 25 September 2017 were agreed as an accurate record after an amendment was made to item 9.</p>	KB
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u> <i>CQC Mental Health Act Inspection Reports and Provider Action Statements for Forest Close, Endcliffe, and Dovedale Wards</i> Mrs Rogers asked about the frequency of the green room being used for seclusions and Ms Lightbown confirmed she will be attending a meeting this week and will address this then.</p>	LL

<p><u>Action Log</u> Members reviewed and amended the action log accordingly.</p>	
<p>General Governance Arrangements</p>	
<p>4) PLACE Annual Report</p> <p>Mr Easthope went through the report briefly; it will be also going to EDG. The committee felt it was an excellent report which provided them with assurance and they gave approval for the information to go on the Trust website. Mr Mills asked about whether there is a policy around sourcing food locally in order to support the local community and Mr Easthope confirmed that there is no such policy in place but this could change in the future.</p>	
<p>Safety and Excellence in Patient Care</p>	
<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"> ○ Restrictive Practice – Restraints and Seclusions have reduced and have recorded as below average for four consecutive months. The Restrictive Intervention Project Group has asked for assaults data on patients and staff to be added to the dashboard ○ Medication Incidents – Temperature related incidents could mask other incidents and better visibility is being sought ○ There was a brief discussion around the difference in levels of incidents <p>The committee was assured by this dashboard.</p>	
<p>6) Service User Engagement Group – Quarterly Report</p> <p>Dr Hunter raised awareness about the following issues:</p> <ul style="list-style-type: none"> ○ Care Opinion is not being utilised to it's full potential at the moment. The site is being monitored centrally and responses can be inconsistent, so far only one change has been made as a result of a complaint ○ Service user engagement is very good within the Trust but service user experience needs improvement. Dr Hunter has set up bi-monthly meetings with Helen Crimlisk, Brendan Stone, Jo Evans, Karen Duncombe and Tania Baxter to performance manage the service user experience monitoring within the organisation ○ An internal audit has recently been completed regarding service user experience which was given limited assurance. It did briefly mention in a positive manner service user engagement and Dr Hunter would like to separate these and audit engagement within its own right. Mr Thomas asked if the audit and action plan could be seen and Dr Hunter agreed to bring these documents to the next meeting. Ms Harriman asked about producing a RAG rating for the strategy to clarify timescales and Dr Hunter will pick this up at the bi-monthly meeting and a narrative will be added to the report to give the 	<p>MH</p>

<p>committee assurance regarding progress.</p> <p>Mrs Rogers would like to attend the SACMHA roadshow and asked if details about this could be passed onto the group.</p> <p>Mrs Rogers reminded the committee that the Expert by Experience Board member would need to be interviewed as this appointment is competitive and Dr Hunter felt that this section of the report on page 16, appendix 1 needed to be re-written as this is something that can not be guaranteed. An internal audit has been recently completed regarding service user experience which had limited assurance.</p>	MH
<p>7) CQUIN – Quarterly Report</p> <p>Dr Hunter gave an overview of the report, lots of progress is being made. Unfortunately the figures for screening people under the Smoke Free campaign were preliminary, so it is unclear as to what the final percentage will be for the Trust. This is currently being looked into. The Trust is still slightly below target and the committee accepted the report.</p>	
<p>8) Regulation Dashboard</p> <p>The report is received by the committee on a quarterly basis. Ms Lighbown has pointed out that some of the information in the reported can be amended before it is received by Board and Ms Baxter agreed that this change would be made. The Community Mental Health Survey has not yet been published by the CCG and now looks like this will not happen until November.</p>	
<p>9) Mortality Quarterly Overview</p> <p>The Learning from Deaths Policy was completed in September and the dashboard will be completed and presented to Board by December 2017 with the finalised version being sent to Mazars in January 2018.</p> <p>Dr Hunter gave a brief overview of the weekly mortality meetings and informed the committee that the fourth weekly meeting is used to look at the Spine Data in a broader way. The deaths are thematically looked at making sure that vulnerable groups are not missed. There have been 449 deaths involving people on the system and not including Learning Disabilities. There were 3 inpatient deaths, 29 deaths investigated by the serious incident systems and 119 subject to the weekly mortality overviews. The meetings are looking at doing a sampling approach to see if the same pattern arises. Ms Lightbown asked about whether there was a standardised way of going through the deaths but this could be very time consuming and could also raise a capacity issue. Mrs Rogers expressed her concerns that only small pieces of information have been given about Clover and asked how Clover Group records their data and Ms Harriman offered to find out what happens in Primary Care.</p> <p>The group was assured that the process of mortality is being taken seriously and the committee was assured by the report.</p>	JH

<p>10)</p>	<p>MCA Steering Group Minutes – July, August and September 2017</p> <p>The committee received the above notes and Ms Lightbown was available to take any questions. Mrs Rogers asked about the protocol around looking at data or discussing antisocial behaviour and Ms Baxter confirmed that antisocial behaviour would be classified as an assault. Mr Mills queried the term clover medication and Dr Hunter clarified this is when medication is put in food or drink. To do this it needs to be proven that this is in the patient’s best interest and would come under the Mental Capacity Act; this can not just be done and has very complex requirements.</p> <p>Assurance was given by the committee.</p>	
<p>11)</p>	<p>Safeguarding Adults and Children Minutes – May 2017</p> <p>The committee received the above notes, Mrs Sangha was available to take any questions and assurance was given.</p>	
<p>12)</p>	<p>Health and Safety Minutes – September 2017</p> <p>The committee received the above notes for information.</p>	
<p>13)</p>	<p>Community and Specialist Directorates Suicide Review</p> <p>The paper sent out said draft and Dr Hunter confirmed that this has been to EDG and is not a draft report.</p> <p>The report was produced due to concerns about a possible increase in suicides earlier in the year and a concern that there could be a problem. A report was brought to the Service User Safety Group which showed there was not an increase in people that have committed suicide. The Community and Specialist Directorates were asked to provide reviews of patients that had committed suicide in the period of April 2016 – March 2017. The reports include data and narratives and Dr Hunter felt that it may be useful to use this data in the suicide prevention training that will be live by January 2018 and Vin Lewin and Sue Sibbald are leading on this work. Dr Hunter wanted to point that that within the report one of the seven deaths was not investigated but this was due to circumstances around how they came under services and wasn’t because it had been missed. This situation has happened several times since reviewing deaths at the mortality meeting and has given the group the opportunity to ask the directorates to investigate which ordinarily might not have happened.</p> <p>After a lengthy discussion about 7 day follow ups in the Home Treatment Team Dr Hunter confirmed he would bring further information back to this meeting as a first step of developing a line of enquiry that Mr Mills asked about. Mrs Sangha did confirm that an audit used to be done on 7 day follow ups. Ms Lightbown raised the issue of documentation and this is something they can speak about outside of this meeting.</p> <p>The committee was assured by the report.</p>	

Evaluation / Forward Planner	
<p>14) 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"> ○ PLACE Report ○ Service User Engagement Report – Engagement assured Experience not as assured ○ Mortality Overview – recommending a new dashboard which will be available from December 2017 ○ Suicide Review <p>The committee requested that the BAF that relates to quality comes to this meeting each month and Ms Saunders agreed.</p>	MS
CLOSE	

**Date and time of the next meeting
Monday 27 November 2017 at 1.00 pm
Rivelin Boardroom, Fulwood**

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