

BOARD OF DIRECTORS MEETING (Open)

Date: 11 April 2018

Item Ref: 15 i-ii

TITLE OF PAPER	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Richard Mills, Non-Executive Director, Quality Assurance Committee
ACTION REQUIRED	For assurance
OUTCOME	To report items of significance discussed at Quality Assurance Committee on 26 March 2018
TIMETABLE FOR DECISION	To be discussed at April'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	Richard Mills
Designation	Non-Executive Director, Quality Assurance Committee
Date of Report	March 2018



SUMMARY REPORT

Report to: Board of Directors

Date: 11 April 2018

Subject: Quality Assurance Committee
Summary Report to the Board of Directors in respect of Significant Issues

Presented by: Richard Mills, Non-Executive Director, Quality Assurance Committee

Author: Mike Hunter, Executive Medical Director

1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 26 March 2018.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 26 March in May. 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.

Service User Safety Group Quarterly Assurance Report

The Committee received this report which provided updates on the key areas below:

- Safety Huddles – The wards that have signed up are still in the early stages of the process, most are focussing on restraints or assaults. Stanage and Endcliffe wards are being encouraged to commence their safety huddles project.
- The Physical Health Policy is close to ratification.
- Care Planning – Not all service users have a care plan and the Clinical Effectiveness Group is working with clinical services to identify where there are large numbers of outstanding care plans.
- Restrictive Interventions - During 2016/17 the number of seclusions was stable, rapid tranquilisation had a significant reduction of around 35% but restraints increased significantly around 20%. The Committee discussed using medication more effectively and asked that any information regarding this to be included in the future quarterly assurance reports.

Incident Management Quarterly Assurance Report

The Committee reviewed this report which incorporated improvements made following previous discussions held. The report highlighted an increase of incidents relating to

resource issues which will be looked into in more detail to obtain clarification on the reasons for this. The Committee discussed the lessons learned and mortality sections, which included a service user who was referred to a service several times before being accepted, and sadly passed away before any appointment took place. The Committee agreed that communication is key and needs to improve as this information only became available due to the improvements made in the system. How lessons are learned within clinical services was queried and it was agreed that further work would be done on this to include in future quarterly reports.

Medicines Optimisation Strategy

The strategy highlights four key themes around promoting safety and using the workforce differently to enable more time for others to give patient care. It covers communication, information sharing and personalisation of the service. Dr Hunter felt it was important that the Board of Directors understands the steps being taken to make improvements and the Committee agreed the strategy will be recommended to the Board of Directors in April 2018 to be approved, with a further review to be undertaken in April 2019.

Executive Level Serious Incident Report

The Committee received this investigation report into an inpatient suicide which highlighted a number of issues around assessment levels, observations and record keeping. The family has been in close contact with the Trust and were involved in drawing up the terms of reference for the investigation. The Committee was informed that Ms Baxter and Dr Barton are meeting the family on 27 March 2018 to discuss the investigation findings and receive their initial feedback.

Clinical Audit Programme 2018/19

The Committee considered the Programme and approved this as the Trust's Audit Programme for next year. The possibility of requiring further information on one of the POM audit's was discussed, which Dr Hunter will discuss with the new Chief Pharmacist when appropriate, for consideration about future audit programmes.

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 26 February 2018 at 1.00 pm in the 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. Dr Mike Hunter | Executive Medical Director |
| 5. Clive Clarke | Deputy Chief Executive/Director of Operations |

In Attendance:

- | | |
|----------------------|--|
| 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. Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | |
|----------------------|---|
| 11. Phillip Easthope | Executive Director of Finance |
| 12. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

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 22 January 2018</p> <p>The minutes of the meeting held on 22 January 2018 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u> <i>Infection Control Committee Minutes – 14 June 2017</i> Ms Sangha gave an update regarding the mattress audit that took place in June 2017. Over six months a mattress plan was implemented and a yearly audit will be carried out in June / July 2018. A couple of mattresses that had rips and tears were replaced and the company came and trained all inpatient staff to make sure the mattress was supporting people properly. The IPC</p>	

<p>will be doing random checks every six months and is aware that some wards have a higher usage than others so will monitor these closely.</p> <p>Ms Sangha spoke with the directors regarding the Phlebotomy staff; some services do have trained staff such as the Fitzwilliam Centre and if a regular model is wanted to take blood a business plan proposal will need to be drafted to ensure this is covered more widely.</p> <p><i>Complaints Management Quarterly Assurance Report</i> Ms Saunders and Mr Thomas have met and will arrange a time to meet with Ms Hedland.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly.</p>	
<p>General Governance Arrangements</p>	
<p>4) BAF</p> <p>All front sheets at today's meeting make reference to the BAF with ratings and updates. After today's meeting the BAF leads will obtain the BAF, reflecting the assurances and actions have been captured. Currently there are a couple of red ratings on the BAF around service user feedback and there may be some benchmarking data that can help to improve this and Patient Safety Improvement because the plan is yet to be fully implemented. Overall the BAF remains positive. There will be a BAF Refresh session next week where issues can be discussed further.</p>	
<p>5) CRR Aligned Risks</p> <p>The committee discussed corporate risk around patient safety issues and levels of support but there was no change to the Corporate Risk Register today.</p>	
<p>Safety and Excellence in Patient Care</p>	
<p>6) 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 restraints data increased in December and reduced slightly in January. Previously there had been a number of months where the restraints were below the average and the directorate are engaged with EDG. At the recent Restrictive Interventions Project Group there was a debate about what measures could be put in place to rectify this such as following processes properly post restraint, better communication and involving the Respect Training Team. ○ Need to make sure this is a peak and not an establishment of the previous norm. ○ Jane asked about any trends regarding the increase in self harm such as specific areas and Dr Hunter said he would find out and bring this back next time ○ Staff assaults have reduced since December 2016 ○ The self harm incidents reported primarily come from the Acute Working Age Adult wards 	<p>MH</p>

<p>The committee was assured by this dashboard.</p>	
<p>7) MCA / DoLS Steering Group Q3 Report</p> <p>The report was received and key points to note were:</p> <ul style="list-style-type: none"> ○ Training has increased since a plan was put in place except for Level 1 DoLS due to new starter rates but this will be rectified by the next quarter. ○ The new Insight forms to record capacity are being used by staff ○ The Local Authority currently have a backlog of DoLS Authorisations and this is because of a national backlog which is being monitored <p>The group asked about the expectation of what happens when a backlog occurs. Ms Sangha said she could check and report back. Mr Mills asked about data within the appendix and the gaps within the update column on pages 15 and 16. It was also asked about the revised timescales and Ms Sangha will speak to the report writers to get an update and bring back to the next meeting.</p>	<p>GS</p>
<p>8) Infection Prevention and Control Q3 Report</p> <p>The above report was received and key positive points to note were:</p> <ul style="list-style-type: none"> ○ Hand Hygiene training has increased and is now at 96% ○ The quarterly infection surveillance data is now available so this can be managed more effectively along with the microbiologists <p>Ms Sangha reminded the group that this report is updated each month and was available for questions. Mr Thomas asked about the MRSA figure on page 7 and Ms Sangha confirmed that this is the reported figure raised over the quarter and not always a confirmed case but it has to be recorded. The committee was assured that the processes are being managed effectively.</p>	
<p>9) Mortality Quarterly Assurance Report</p> <p>The quarter 1 and 2 reports are going to Board in March 2018. The dashboard within the report has been agreed by the Northern Alliance Group of Trusts and Dr Hunter explained how the number of deaths recorded is broken down; the numbers of deaths are divided into deaths within inpatient areas and across people with or without Learning Disabilities. The information shows the number of deaths and actions as a result of changing practice. The mortality group meet weekly to look at further information regarding any deaths which sometimes requires a preliminary or full Structured Judgement Review (SJR), once a month all deaths reported through the National Reporting System are reviewed. A ten percent sample is taken and reviewed. Dr Hunter also pointed out that the Learning Points that have led to changes in practice will mature over time, it currently consists of information from actions plans within SI reports but over time structured judgement reviews and LeDeR will also be included.</p> <p>Dr Hunter brought case summaries for information so the committee could understand better some of the processes the mortality group go through when reviewing deaths which the committee found helpful and were assured</p>	

<p>of the work being completed. Mr Thomas did recommend possibly changing the wording around “signing deaths off” as this will be a public document and may come across in the wrong way.</p>	
<p>10) 360 Mortality Audit Report:</p> <p>The internal audit report came for information and had been rated as providing significant assurance. There were a couple of moderate risks highlighted with regards to the Terms of Reference and consistency with families and these will be followed up as part of the internal audit plan. The low risks will also be followed up.</p>	
<p>11) 360 Clinical Audit and Quality Improvement Audit</p> <p>All actions have been completed; there are two actions that are outstanding regarding learning. Relevant evidence will be provided for internal auditors. The committee was assured by this audit.</p>	
<p>12) Safeguarding Adults Q3 Report</p> <p>The report was received and Ms Sangha informed the committee that the Safeguarding Partnership Board Manager will be working across adults and children with the safeguarding office in order to work jointly and link with the local authority. This is very positive and will help systems to improve.</p> <p>The key points of the report were:</p> <ul style="list-style-type: none"> ○ All outstanding actions are on track from the previous year apart from one which is Section Level Audit where service users are given the opportunity to feedback on interventions provided by workers. This is relevant for both adults and children which is one of the reasons the Safeguarding Partnership Board Manager is working across both services. Capturing feedback from service users also needs to improve. ○ The Substance Misuse Safeguarding Children Development Worker will also work with adult services in order to improve conference attendance and will be speaking to staff about the importance of attending. ○ Safeguarding training is continuing to improve and accessing information regarding notification of concern is now more accessible and can be followed up. ○ Notifications of Concerns were not being actioned in a timely manner and an action plan has been produced and the teams and senior managers have been spoken to about this on a weekly basis to remind them of outstanding actions and timescales. Now the Single Point of Access is up and running there should be fewer notifications of concerns outstanding but monitoring will continue. ○ Mr Mills asked if it would be better to include the minutes of the Safeguarding Adults and Children Steering Groups within the quarterly reports unless there are points to be noted that could be highlighted. The author of the report could include reference to the minutes within the report as they are coming to the committee at the same time. <p>The report provided assurance to the committee.</p>	

<p>13) Safeguarding Children Q3 Report</p> <p>Similar to the adults report, the key points were:</p> <ul style="list-style-type: none"> ○ The Section 11 Quality Assurance Challenge meeting was held on 16 October 2017 to assure the Local Authority that work is on track. ○ A summary and action plan is being progressed to look at improving the neglect strategy. ○ As a result of the Safeguarding Children Board Development Day in January a city wide action plan will be put in place and the Trust will be working in partnership with the Police, Local Authority and CCG. ○ Work is being undertaken around professional role breakdown to identify staff members that do not attend safeguarding conferences. At the moment it is unclear who has been invited so that attendance can be improved and whether this is a theme in some teams / directorates. Also need to look at how many doctors are invited so that this can be covered in their MDTs. ○ There is one case of domestic homicide review that the Trust is currently reviewing round transitions from CAMHS to Adult Services. ○ The Safeguarding Lead interviews will take place on 19 March. <p>The committee was assured by this report.</p>	
<p>14) Revised Never Events Framework</p> <p>The committee received this paper for information and awareness. All members of the Risk and Facilities Departments are aware of this framework.</p>	
<p>15) EMSA Plan</p> <p>The building work at Dovedale is to be completed by April 2018. The paper regarding Stanage and Burbage was not robust enough at this time and the activity figures need to be looked into further. Mr Clarke will bring a more comprehensive paper regarding these wards to the next meeting. The Longley Centre Phase 2 will be EMSA compliant. There was a brief discussion regarding single sex wards and people's concerns. This is a discussion that needs to be had with staff in the near future.</p>	CC
<p>16) Minutes:</p> <p>a) Health & Safety Group – 22 January 2018 Mr Mills asked about having a front sheet for the minutes and enquired about the fire risks. Mr Clarke agreed to get some feedback on this and provide a summary for clarity at the next meeting. Ms Saunders will check the terms of reference and whether these minutes should come to this meeting as they also go to Workforce and OD Committee.</p> <p>b) Safeguarding Adults Steering Group – September 2017 For noting.</p> <p>c) Safeguarding Children Steering Group – September 2017</p>	CC MS

For noting.	
Efficient and effective use of resource through evidence based clinical practice	
<p>17) Clinical Effectiveness Group Quarterly Assurance Report</p> <p>Dr Hunter confirmed the group is meeting on a regular basis with good attendance and is very productive and was available for questions. The committee asked about microsystems and it was confirmed that some quality improvement work is being completed by microsystem teams which is having a positive effect. The committee was assured by this report.</p>	
<p>18) MHA Committee Q3 Assurance Report</p> <p>Mrs Sangha confirmed that no significant changes have been made since the last report and key points were:</p> <ul style="list-style-type: none"> ○ There has been not been any new monitoring visits. ○ The Crime and Policing Act recommendations for S136 are all in place and Richard Bulmer is leading on this. ○ Mental Health Act Training has increased to 84% ○ For any other outstanding actions a plan is available at the end of the paper. ○ There was a discussion around the MHA incidents regarding beds and Ms Sangha confirmed a bed is always available to allocate and communication is key. Dr Hunter explained CTO s and recalls. <p>The report provided assurance to the committee.</p>	
<p>19) MHA Monitoring Visits Q3 Report</p> <p>Ms Sangha gave a brief update regarding the actions within the report which shows there are 8 actions that have now been closed but 10 remain open. These are Code of Practice issues and are progressing. Ms Sangha was available for questions. Mrs Rogers asked about blanket restrictions and Mr Clarke confirmed that this work is being led by Lead Nurses and the group had a discussion about blanket restrictions.</p>	
<p>20) Quality Objectives Q3 Assurance Report</p> <p>This paper was brought for information and update by Dr Mike Hunter and has a RAG rating to show where directorates are with their quality objectives. A lot of actions are amber as the descriptions are not always specific and it can be difficult for teams to know when they would measure as completed vs partial completion. Dr Hunter acknowledged that next year when this work it done again it would be more helpful to be more specific.</p>	
<p>21) Research and Innovation Quarterly Assurance Report</p> <p>A Research and Innovation Group has been established and this is the first report received by the committee. The work is going well, meetings are well attended and supported by internal processes and the committee was assured by the work of this group from the report received.</p>	

Evaluation / Forward Planner	
22)	<p>Committee Assurance</p> <p>The Committee agreed the following should be included on the Significant Issues Report to the Board in March 2018:</p> <ul style="list-style-type: none"> ○ Mortality ○ Research and innovation ○ Infection Control ○ Safeguarding Adults ○ Safeguarding Children ○ Clinical Effectiveness
CLOSE	

Date and time of the next meeting
April 2018 - TBC
Rivelin Boardroom, Fulwood

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