

BOARD OF DIRECTORS MEETING (Open)

Date: 9 May 2018

Item Ref: 19ai/ii

TITLE OF PAPER	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Ms Sandie Keene, Chair, Quality Assurance Committee Non-Executive Director
ACTION REQUIRED	For assurance
OUTCOME	To report items of significance discussed at Quality Assurance Committee on 23 April 2018
TIMETABLE FOR DECISION	To be discussed at May's Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Committee
STRATEGIC AIM STRATEGIC OBJECTIVE	Value for Money We will provide sustainable services through ensuring value for money, reducing waste and unproductive time for staff
BAF RISK NUMBER BAF DESCRIPTION	A401ii Trust governance systems are not Sufficiently embedded
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Timely Reporting to the Board of Directors
CONSIDERATION OF LEGAL ISSUES	None identified.

Author of Report	Sandie Keene
Designation	Chair, Quality Assurance Committee (Non-Executive Director)
Date of Report	April 2018



SUMMARY REPORT

Report to: Board of Directors

Date: 9 May 2018

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

Presented by: Sandie Keene, Chair, 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 23 April 2018.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 23 April in June. 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.

Eliminating Mixed Sex Accommodation (EMSA)

The Committee discussed a proposal that had been presented to the Executive Director's Group in March 2018, which considered the feasibility of moving to single-sex accommodation at Burbage and Stanage Wards at the Michael Carlisle Centre. The proposal provided a review of data which highlighted potential bed shortages, had the reconfiguration gone ahead. The Committee requested further details in this regard, to enable them to provide adequate assurance to the Board of Directors.

Safety Dashboard

The Safety Dashboard was presented and a discussion on the increase in staff assaults recorded in March 2018 was highlighted. The Committee was informed that this increase was as a result of two service users at the Assessment and Treatment Service. The Medical Director provided assurance on how the service was reducing the risks to staff, through changes in care planning and interventions.

The Committee questioned whether the Trust received equity of reporting from both inpatient and community areas. The Committee requested a review of the quality data being presented, with a proposal to come back to the Committee in July.

Corporate Risk Register

The risks assigned to the Committee from the Corporate Risk Register were received and discussed. The Committee wishes to draw the Board of Directors' attention to the moderately graded potential risk to patient safety during the ongoing major service changes. The Committee was informed that additional controls had been put in place, however, the risk still remained 'moderate'.

Health and Safety

The Committee received minutes from the Health and Safety Group. This resulted in a discussion around the constitution of the group and which Committee it should report into. The Executive Directors agreed to have further discussion in this regard at a future Executive Directors Group, particularly around the governance and reporting in from it. It was anticipated that the Committee would not receive future minutes from this group.

Service User Engagement

360 Assurance had undertaken a review of service user engagement in March 2018, which had given the Trust 'significant assurance' in this regard. The recommendations made within this and a previous audit report on service user experience had resulted in the Trust's Service User Engagement and Experience Strategy 2016-2021 being refreshed to separate these two areas to ensure sufficient focus and outcomes were identified. The Committee was made aware of the limited resource currently available to support this work and was assured by the plans in place to address this.

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

Sandie Keene, 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 March 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. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

In Attendance:

- | | |
|----------------------|--|
| 6. Tania Baxter | Head of Clinical Governance |
| 7. Giz Sangha | Deputy Chief Nurse |
| 8. Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 9. Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | |
|-------------------|---|
| 10. Clive Clarke | Deputy Chief Executive/Director of Operations |
| 11. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |

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 26 February 2018</p> <p>The minutes of the meeting held on 26 February 2018 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p><i>Infection Control Committee Minutes – 14 June 2017</i></p> <p>Ms Sangha gave an update regarding Phlebotomy staff; there will be three nurse consultant posts set up and this post will include training regarding taking bloods and they will be able to fill any gaps in staff but currently there is no need to change the current process.</p>	

Complaints Management Quarterly Assurance Report

Ms Saunders and Mr Thomas have met but given that Mr Thomas retires at the end of March this would be more appropriate for Sandie Keene, Non-Executive Director and new chair of this meeting to pick up in due course.

MCA / DoLS Steering Group Q3 Report

Ms Sangha was asked what happens when there is a backlog occurs regarding DoLS applications. There are six separate assessments that take place before a final decision is made the Trust's duty of care is to make sure the applications are submitted and there are no outstanding applications. The information then goes to the Local Authority which is where the backlog is and this is because applications have increased since the Cheshire West incident and the Law Commission has reviewed the process and made a recommendation to the Government and a recommendation has been accepted and further guidance will be sent to Local Authority's regarding the process.

With regards to the chart within the appendix of the report that came to the previous meeting Ms Sangha spoke with the author who confirmed they had not received the information and have asked for updates so this information will be provided within the next report.

Safeguarding Lead

Diane Barker has been appointed as the Safeguarding Lead with immediate effect.

Action Log

Members reviewed and amended the action log accordingly.

General Governance Arrangements

4) Draft Quality Report

A virtual report will be distributed to the committee at the end of March, it will then be reviewed at EDG on 5 April, going to Audit Committee on 23 April for comments as well as Health Watch etc. The Board will receive this on 9 May as a draft and it will go into the year end process. The sign off will be on 24 May 2018 and the committee was happy with this timetable.

Safety and Excellence in Patient Care

5) Safety Dashboard

The safety dashboard was received for noting and the key areas were highlighted:

- Restraints data is gradually reducing month by month
- PIRs are being completed and have increased to 80%
- AWOL figures for detained patients has reduced significantly
- AWOL figures for informal patients are average against national benchmarking figures. There was a slight issue with the labelling on the graph and it appeared that figures only went to January 2018
- Self-harm has reduced slightly
- Falls data has been below the average for 4 months consecutively

There was a brief discussion around whether this should stay as a monthly item or if it should be quarterly and the committee agreed that monthly is

more helpful for reviewing data and for reporting from other teams. The committee was assured by this dashboard.

6) Service User Safety Group Quarterly Assurance Report

Dr Hunter highlighted the following key areas:

Safety Huddles – The wards signed up are still in the early stages of the process. The teams have chosen their own topic and most of them are focussing on restraints and assaults. During the process progress should be made visible on a wall of how many days it has been since the last assault etc. but not all teams are doing this yet. The teams that have signed up are Burbage, Maple, Firshill Rise and Woodland View. Dr Hunter is encouraging Stanage and Endcliffe wards to also join in.

Physical Health Policy – is now close to ratification

Care Planning – Not all patients had a care plan and this issue has been raised at a number of meetings such as Clinical Effectiveness Group and work with the directorates has been undertaken to identify where across our services there are large numbers of outstanding care plans. The majority was found to be within IAPT.

Restrictive Interventions – currently reducing, during 2016/17 seclusions were stable, rapid tranquilisation had a significant reduction of around 35% but restraints increased significantly around 20%. Dr Hunter has been liaising with Christopher Wood regarding using medication more effectively. As a Trust we are low users of rapid tranquilisation, high users of restraint and average users of seclusion. The group had a brief discussion around effective prescribing and non-medical prescribers and possibilities of a medic carrying out an audit. The restrictive interventions information is viewed monthly at the Service User Safety Group and the committee asked that any information regarding using medication more effectively is included in the quarterly assurance report in future.

The committee was assured by this report.

7) Incident Management Quarterly Assurance Report

The committee reviewed the report and Dr Hunter pointed out the changes that were made as a result of previous discussions held at this meeting. The updates can be found on page 6, section 1.2 learning from deaths and page 27, section 1; narratives have been included under serious incidents. Dr Hunter also explained the rise in resource issues is likely to be due to an increase within the Inpatient Directorate that have been assessed as negligible or minor and the Community Directorate that has been assessed as minor or moderate and this will be looked into in more detail to clarify in future. The committee had a discussion around lessons learnt, who records this and whether it would be appropriate to include the Patient Safety Team after a referral was refused several times and when accepted the service user died before they were able to attend. The committee agreed that communication is key and needs to improve as this information only became available due to the changes being made to improve the system. Dr Hunter would like to know how lessons learnt are implemented within the directorates, through the Comms Dept and corporate and quality assurance

<p>processes and following this will provide a report on a quarterly basis for the committee in future.</p> <p>The committee was happy with the contents of the report.</p>	
<p>8) Medicines Optimisation Strategy</p> <p>The report highlights four key themes around promoting safety and using the workforce differently to allow 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 Board understand the steps being taken to make improvements and the committee agreed the strategy will be taken to Board in April 2018 to be reviewed in April 2019.</p>	
<p>9) Executive Level SI's Report</p> <p>The committee found this an important report, it highlighted a number of issues around assessment levels, observations and record keeping which were found after a death on the ward. The family have been in close contact with the Trust and were involved with drawing up the terms of reference for this investigation. Ms Baxter and Jane Barton are meeting with the family on 27 March 2018 to discuss the report and gain feedback. The committee recommended this report goes to Trust Board.</p>	
<p>10) EMSA Plan and Quarterly Assurance Report</p> <p>Deferred to next meeting.</p>	
<p>11) Minutes:</p> <p>ICC – 16 December 2017 For noting.</p> <p>Safeguarding Adults – 22 January 2018 For noting.</p> <p>Safeguarding Children – 22 January 2018 For noting but it was acknowledged that concerns have been raised with the Local Authority and Safeguarding Children's Board about the Gypsy and Traveller Liaison post ending in March.</p>	
<p>Efficient and effective use of resource through evidence based clinical practice</p>	
<p>12) Complaints Management Quarterly Assurance Report</p> <p>Ms Hedland came and gave a brief update on the Quarter 3 Complaints report which recorded the following:</p> <ul style="list-style-type: none"> ○ 37 formal complaints recorded (average number) ○ 18 informal ○ 210 compliments ○ The highest category of formal complaints was Values and Behaviours ○ There was a response rate of 50% for formal complaints ○ 7 complaints were upheld, 10 partially upheld, 14 not upheld, 1 on hold and 5 under investigation at the time the report was completed 	

<p>The committee asked why the response rate was low and Dr Hunter explained this is normally a sign of stress within the system and will need monitoring in future. The group had a brief discussion and agreed that complaints will need to have a thorough review and feed into policy processes. Ms Saunders feels that improvements can only be made if significant resources are made as the committee needs more from the current report and will take this to EDG for further discussion.</p>	MS
<p>13) Clinical Audit Programme 2018/19</p> <p>Dr Hunter was available for questions regarding this programme which contains national, local and internal prioritisation audits. It was asked if any further information was needed for the POM audit and it was agreed that Dr Hunter can discuss with the new Chief Pharmacist when appropriate about what data is needed for future audit programmes. The committee were assured by this 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 March 2018:</p> <ul style="list-style-type: none"> ○ Service User Safety Quarterly Assurance Report ○ Incident Management Quarterly Assurance Report ○ Medicines Optimisation Strategy ○ Executive Level SI's Report ○ Clinical Audit Programme 2018/19 	
CLOSE	

**Date and time of the next meeting
23 April 2018 at 10.00 am
The Boardroom, Fulwood**

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

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 March 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. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards |

In Attendance:

- | | |
|----------------------|--|
| 6. Tania Baxter | Head of Clinical Governance |
| 7. Giz Sangha | Deputy Chief Nurse |
| 8. Margaret Saunders | Director of Corporate Governance (Board Secretary) |
| 9. Katie Ballands | PA to Medical Director (Notes) |

Apologies:

- | | |
|-------------------|---|
| 10. Clive Clarke | Deputy Chief Executive/Director of Operations |
| 11. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG |

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 26 February 2018</p> <p>The minutes of the meeting held on 26 February 2018 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p>Infection Control Committee Minutes – 14 June 2017</p> <p>Ms Sangha gave an update regarding Phlebotomy staff; there will be three nurse consultant posts set up and this post will include training regarding taking bloods and they will be able to fill any gaps in staff but currently there is no need to change the current process.</p>	

Complaints Management Quarterly Assurance Report

Ms Saunders and Mr Thomas have met but given that Mr Thomas retires at the end of March this would be more appropriate for Sandie Keene, Non-Executive Director and new chair of this meeting to pick up in due course.

MCA / DoLS Steering Group Q3 Report

Ms Sangha was asked what happens when there is a backlog occurs regarding DoLS applications. There are six separate assessments that take place before a final decision is made the Trust's duty of care is to make sure the applications are submitted and there are no outstanding applications. The information then goes to the Local Authority which is where the backlog is and this is because applications have increased since the Cheshire West incident and the Law Commission has reviewed the process and made a recommendation to the Government and a recommendation has been accepted and further guidance will be sent to Local Authority's regarding the process.

With regards to the chart within the appendix of the report that came to the previous meeting Ms Sangha spoke with the author who confirmed they had not received the information and have asked for updates so this information will be provided within the next report.

Safeguarding Lead

Diane Barker has been appointed as the Safeguarding Lead with immediate effect.

Action Log

Members reviewed and amended the action log accordingly.

General Governance Arrangements

4) Draft Quality Report

A virtual report will be distributed to the committee at the end of March, it will then be reviewed at EDG on 5 April, going to Audit Committee on 23 April for comments as well as Health Watch etc. The Board will receive this on 9 May as a draft and it will go into the year end process. The sign off will be on 24 May 2018 and the committee was happy with this timetable.

Safety and Excellence in Patient Care

5) Safety Dashboard

The safety dashboard was received for noting and the key areas were highlighted:

- Restraints data is gradually reducing month by month
- PIRs are being completed and have increased to 80%
- AWOL figures for detained patients has reduced significantly
- AWOL figures for informal patients are average against national benchmarking figures. There was a slight issue with the labelling on the graph and it appeared that figures only went to January 2018
- Self-harm has reduced slightly
- Falls data has been below the average for 4 months consecutively

There was a brief discussion around whether this should stay as a monthly item or if it should be quarterly and the committee agreed that monthly is

more helpful for reviewing data and for reporting from other teams. The committee was assured by this dashboard.

6) Service User Safety Group Quarterly Assurance Report

Dr Hunter highlighted the following key areas:

Safety Huddles – The wards signed up are still in the early stages of the process. The teams have chosen their own topic and most of them are focussing on restraints and assaults. During the process progress should be made visible on a wall of how many days it has been since the last assault etc. but not all teams are doing this yet. The teams that have signed up are Burbage, Maple, Firshill Rise and Woodland View. Dr Hunter is encouraging Stanage and Endcliffe wards to also join in.

Physical Health Policy – is now close to ratification

Care Planning – Not all patients had a care plan and this issue has been raised at a number of meetings such as Clinical Effectiveness Group and work with the directorates has been undertaken to identify where across our services there are large numbers of outstanding care plans. The majority was found to be within IAPT.

Restrictive Interventions – currently reducing, during 2016/17 seclusions were stable, rapid tranquilisation had a significant reduction of around 35% but restraints increased significantly around 20%. Dr Hunter has been liaising with Christopher Wood regarding using medication more effectively. As a Trust we are low users of rapid tranquilisation, high users of restraint and average users of seclusion. The group had a brief discussion around effective prescribing and non-medical prescribers and possibilities of a medic carrying out an audit. The restrictive interventions information is viewed monthly at the Service User Safety Group and the committee asked that any information regarding using medication more effectively is included in the quarterly assurance report in future.

The committee was assured by this report.

7) Incident Management Quarterly Assurance Report

The committee reviewed the report and Dr Hunter pointed out the changes that were made as a result of previous discussions held at this meeting. The updates can be found on page 6, section 1.2 learning from deaths and page 27, section 1; narratives have been included under serious incidents. Dr Hunter also explained the rise in resource issues is likely to be due to an increase within the Inpatient Directorate that have been assessed as negligible or minor and the Community Directorate that has been assessed as minor or moderate and this will be looked into in more detail to clarify in future. The committee had a discussion around lessons learnt, who records this and whether it would be appropriate to include the Patient Safety Team after a referral was refused several times and when accepted the service user died before they were able to attend. The committee agreed that communication is key and needs to improve as this information only became available due to the changes being made to improve the system. Dr Hunter would like to know how lessons learnt are implemented within the directorates, through the Comms Dept and corporate and quality assurance

<p>processes and following this will provide a report on a quarterly basis for the committee in future.</p> <p>The committee was happy with the contents of the report.</p>	
<p>8) Medicines Optimisation Strategy</p> <p>The report highlights four key themes around promoting safety and using the workforce differently to allow 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 Board understand the steps being taken to make improvements and the committee agreed the strategy will be taken to Board in April 2018 to be reviewed in April 2019.</p>	
<p>9) Executive Level SI's Report</p> <p>The committee found this an important report, it highlighted a number of issues around assessment levels, observations and record keeping which were found after a death on the ward. The family have been in close contact with the Trust and were involved with drawing up the terms of reference for this investigation. Ms Baxter and Jane Barton are meeting with the family on 27 March 2018 to discuss the report and gain feedback. The committee recommended this report goes to Trust Board.</p>	
<p>10) EMSA Plan and Quarterly Assurance Report</p> <p>Deferred to next meeting.</p>	
<p>11) Minutes:</p> <p>ICC – 16 December 2017 For noting.</p> <p>Safeguarding Adults – 22 January 2018 For noting.</p> <p>Safeguarding Children – 22 January 2018 For noting but it was acknowledged that concerns have been raised with the Local Authority and Safeguarding Children's Board about the Gypsy and Traveller Liaison post ending in March.</p>	
<p>Efficient and effective use of resource through evidence based clinical practice</p>	
<p>12) Complaints Management Quarterly Assurance Report</p> <p>Ms Hedland came and gave a brief update on the Quarter 3 Complaints report which recorded the following:</p> <ul style="list-style-type: none"> ○ 37 formal complaints recorded (average number) ○ 18 informal ○ 210 compliments ○ The highest category of formal complaints was Values and Behaviours ○ There was a response rate of 50% for formal complaints ○ 7 complaints were upheld, 10 partially upheld, 14 not upheld, 1 on hold and 5 under investigation at the time the report was completed 	

<p>The committee asked why the response rate was low and Dr Hunter explained this is normally a sign of stress within the system and will need monitoring in future. The group had a brief discussion and agreed that complaints will need to have a thorough review and feed into policy processes. Ms Saunders feels that improvements can only be made if significant resources are made as the committee needs more from the current report and will take this to EDG for further discussion.</p>	MS
<p>13) Clinical Audit Programme 2018/19</p> <p>Dr Hunter was available for questions regarding this programme which contains national, local and internal prioritisation audits. It was asked if any further information was needed for the POM audit and it was agreed that Dr Hunter can discuss with the new Chief Pharmacist when appropriate about what data is needed for future audit programmes. The committee were assured by this 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 March 2018:</p> <ul style="list-style-type: none"> ○ Service User Safety Quarterly Assurance Report ○ Incident Management Quarterly Assurance Report ○ Medicines Optimisation Strategy ○ Executive Level SI's Report ○ Clinical Audit Programme 2018/19 	
CLOSE	

Date and time of the next meeting
23 April 2018 at 10.00 am
The Boardroom, Fulwood

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