



BOARD OF DIRECTORS MEETING (Open)

Date: 10th October 2018

Item Ref: 19ia/b

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 the Quality Assurance Committee on 24 th September 2018
TIMETABLE FOR DECISION	To be discussed at October's Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Committee
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION+	Strategic Aim: Value for Money Strategic Objective: We will provide sustainable services through ensuring value for money, reducing waste and unproductive time for staff BAF Risk No: A401ii BAF Risk Description: 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	September 2018



SUMMARY REPORT

Report to: Board of Directors

Date: 10th October 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 24th September 2018.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 24th September in November 2018. 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.

Safety Dashboard

The safety dashboard was received and the Committee discussed the links between the recorded self-harm, seclusion and assault incidents to the acuity of service users on inpatient areas and nursing consistency. The Committee will continue to monitor this closely.

Complaints Annual Report

The Committee received the annual report and acknowledged the absence of triangulation, analysis and corporate view of the key issues. The Committee also acknowledged that the level of assurance recorded on the Board Assurance Framework, relating to patient experience, should be amended to 'limited'.

Mental Health Legislation (MHL) Q1 Performance Report

The Committee received the quarter 1 report and acknowledged the assurance provided within it. The Committee commended the new reporting format, whilst acknowledging this is still in the development stage. The Committee requested further analysis on the reduced use of Community Treatment Orders, in order to improve their understanding of this.

Infection Prevention and Control Quarter 1 Performance Report

The Committee received the quarter 1 report and acknowledged the assurance received from it provided. The Committee noted good progress in some areas and requested that the MRSA screening on admission compliance was looked into (currently 21%). With regards to the Clover Group, the Committee requested a further update on their incidents.

Mortality Quarterly Assurance Report (Q1) and Incidents Management Quarterly Report (Q1)

The Committee received these reports and acknowledged the assurance provided by them. The Committee requested for some more work to be done on the linkages between the data in the two reports. The Committee noted that further developments around 'real time monitoring' and what the data was saying and closing the loop on actions being taken was required.

Safeguarding Adults and Children - Quarter 1 Reports

The Committee received the quarter 1 reports and acknowledged the assurance provided within them. The Committee noted that the Safeguarding Team is undertaking further review of how the data is being reported to ensure there is a greater understanding of what it highlights as the issues for the Trust.

Chair's Comment

Throughout the meeting, the Chair commented that all reports being received by the Committee needed to strengthen the analysis contained within them, in order to provide greater assurance that systems and processes were in place and effective.

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 the 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 23rd July 2018 at 1.00pm in Rivelin Boardroom, Fulwood, Tudor Building, Old Fulwood Road, Sheffield S10 3TH

Present:

- | | |
|-------------------|------------------------------------|
| 1. Sandie Keene | Non-Executive Director, Chair (SK) |
| 2. Richard Mills | Non-Executive Director (RM) |
| 3. Dr Mike Hunter | Executive Medical Director (MH) |

In Attendance:

- | | |
|----------------------|---|
| 4. Tania Baxter | Head of Clinical Governance (TB) |
| 5. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG (JH) |
| 6. Andrea Wilson | Director of Quality (AW) |
| 7. Clive Clarke | Deputy Chief Executive/Director of Operations (CC) |
| 8. Margaret Saunders | Director of Corporate Governance (Board Secretary) (MS) |
| 9. Jonathan Mitchell | Associate Medical Director for Quality (JM) |
| 10. Brenda Rhule | Deputy Chief Nurse (BR) |
| 11. Marthie Farmer | PA to Medical Director (Notes) (MF) |

Apologies:

- | | |
|-------------------|--|
| 12. Laura Serrant | Non-Executive Director (LS) |
| 13. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards (LL) |

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.</p>	
2)	<p>Minutes of the meeting held on 20th June 2018</p> <p>The minutes of the meeting held on 20th June 2018 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p>4) Safety Dashboard Dr Mike Hunter provided an update on the apparent increase in incidents of self-harm for the month of May 2018 where the number of reported incidents was at the upper end of the control limit.</p>	

<p>The graph recorded that one person had self-harmed 4 times, 5 individuals had self-harmed twice and the remainder had self-harmed on one occasion. These incidents were recorded on Endcliffe Ward, Burbage Ward, Wainwright Crescent and one at the place of safety.</p> <p>There was no particular pattern found, upon investigation.</p> <p>The Trust's suicide prevention training is up and running now and 80 members of staff will have been trained by the end of the month. By the end of the financial year 300-400 key members of staff are expected to have been trained.</p> <p>Clive Clarke needs to bring a paper to the Committee from Clinical Operations in terms of the skill mix of the staffing on the wards, the number of agency staff being used and the number of people in each category that have had Respect training. The paper is expected at the meeting in September 2018.</p> <p>5) Incident Management Quarterly Report</p> <p>Dr Mike Hunter confirmed that the next quarterly report will incorporate the improvements suggested by the Committee members. The level of detail will be retained as this is helpful but the summary of information will be strengthened and the key messages will be more clearly defined.</p> <p>8) Eliminating Mixed Sex Accommodation Report (EMSA)</p> <p>A report went to Board in July and the recommendations were endorsed. Stanage and Burbage Wards will not change to become single sex wards but the situation will be monitored more closely and reported to the Quality Assurance Committee on a quarterly basis, with the first report expected to the September meeting.</p> <p>A report will also come to the Quality Assurance Committee annually in line with the Trust's consideration of its annual compliance statement in relation to EMSA.</p> <p><u>Action Log:</u></p> <p>Members reviewed and updated the action log accordingly.</p>	<p>CC</p> <p>CC</p>
<p>Safety and Excellence in Patient Care</p>	
<p>4) Safety Dashboard</p> <p>The safety dashboard was received for noting and the following key areas were highlighted:</p> <p><u>Medicines Incidents</u> - peaks were observed in June, July, August and September 2017. Dr Mike Hunter noted an undulation which are medicines storage incidents. This is expected to reoccur this year due to storage related incidents connected with temperatures. This is being managed by the pharmacists on the wards.</p>	

Abiola Allison, the Trust's new Chief Pharmacist, has reviewed the pharmacy incidents and has noted better reporting in the community mental health teams (CMHTs) in June. The CMHTs have had a tendency to under report, more incidents are coming through, which is positive.

Restraints

Dr Mike Hunter drew the Committee's attention to the step change in the number of restraints in the wrong direction. Conversations are taking place about all aspects of Restrictive Practices, including completion of post incident reviews at Executive Level and at the Board of Directors.

The Chair commented that she was interested in the triangulation between the restraints and the assaults on staff and in the general level of violence and aggression within the system. The increase in assaults on service users is not as marked as the restraints issue, with a slight increase towards the end of the year and some spikes evident across the profile.

Assaults

Dr Mike Hunter replied that there was a step in the right direction on service users assaults and an improving picture over the last two years. He noted that we have designed an acute system with a lower number of beds for the people who are the most acutely ill. We would therefore not be entirely surprised to see indicators like restraints and assaults being higher, and we know that our wards have an appropriate staffing establishment but remain challenged by vacancies.

The Chair commented that the Committee needs to keep an eye on the situation and relevant indicators. The problem has been formally recognised and noted and the Committee will consider information and outcomes that would be of benefit in understanding the issue in more detail.

The Committee was assured by this report.

5) Regulation Dashboard

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

Dr Mike Hunter highlighted that this report summarises a number of things that we are monitoring on a monthly and daily basis and as a result there were no surprises within the dashboard.

It was noted that Wainwright Crescent still has a CQC rating of 'Requires Improvement'.

Jane Harriman raised a question about the staff survey and her previous enquiry about the action plan the Trust has developed in relation to this.

Dr Mike Hunter confirmed that the Chief Executive is leading on this. The Leadership Engagement Network he has established is bringing together a group of staff to examine, discuss and learn from the staff survey. There are a number of actions in place in relation to this and it shows that leadership around embedding the reconfiguration is the main focus. Feedback is being received from Staffside that things are heading in the right direction and that morale in teams is improving.

<p>The Chair requested that Tania Baxter ensures that the things the Committee is responsible for is covered on the forward planner.</p> <p>The Committee was assured by this report.</p>	TB
<p>6) Safeguarding Adults Quarter 4 Report</p> <p>Brenda Rhule gave feedback on this report and invited questions.</p> <p>Brenda Rhule noted that following the reconfiguration of community services there had been an impact on the Safeguarding Managers and that there was not always a consistent approach to how cases are being dealt with. Brenda's mitigation in dealing with the issue is to have a meeting with all safeguarding managers and to ensure the training is fit for purpose and they are confident to carry out their role.</p> <p>Mandatory training delivery is on track and the team is continuing to develop strong links with partnership agencies.</p> <p>2 cases of domestic homicide have been reported.</p> <p>The 3 Serious Case Reviews have been completed and none have progressed into safeguarding procedures.</p> <p>Brenda noted that she is also looking into the provision of safeguarding specific supervision as this does not appear to be available to staff currently.</p> <p>Jane Harriman enquired about the percentage in the report under Prevent awareness. Brenda confirmed that this was a mistake and that she will ensure it is corrected.</p> <p>The Chair noted that she is not fully assured about all of the concerns around Safeguarding and that these are reflected in the report. Information about advice given, actions taken and outcomes is not currently included.</p> <p>The Chair further enquired about what the safeguarding information is telling us about safeguarding in the Trust. Are there any themes, trends or issues that should be raised and that we need to understand in more detail? What is it saying about services and what actions should we be taking? Brenda agreed to take this forward.</p> <p>The Committee was assured by this report but noted the work to be done going forward in relation to the report contents.</p>	BR
<p>7) Safeguarding Children Quarter 4 Report</p> <p>The Chair requested that Brenda Rhule look into the out-of-date action plans contained within the report.</p> <p>The Committee was assured by this report.</p>	BR
<p>8) CMHT Annual Survey Action Plan Progress Report</p> <p>Clive Clarke provided an overview of this report:</p>	

An analysis and action plan resulting from the Community Mental Health Team Survey 2017 was provided to the Quality Assurance Committee in November 2017. This paper provides a progress update against the action plan and recommends to the Committee the future performance management and governance of the plan.

Eight actions were identified in response to the survey findings. Of these 6 were completed within the 6 month progress report. 100% of these have been actioned and continue to be monitored via ongoing governance arrangements within the teams.

The 2 outstanding actions are in progress but may incur some slippage as they are linked to staff availability to attend team away days to further define team role/function linked to the Standard Operating Procedures of the teams.

Good progress has been made with the implementation of the CMHT reconfiguration. The action plan has been monitored as part of Clinical Operations new governance arrangements and is reported into Trust Board sub-committees. It is recommended going forwards exceptions are reported into the Executive Directors Group, in order that the Quality Assurance Committee is appraised.

Two reviews are planned: a table top review happening in the summer looking at change processes and human resources processes involved in the reconfiguration. A further review in around 12 months' time will look at the embeddedness of the changes and evaluating progress against our objectives to see where we are as change takes between 18 to 24 months to implement.

The Trust's Performance Report is the tool that looks at activity, and we may want to modify it to capture that against the quality, finance and staff survey information. We have a quality report but not a performance report which touches on the staff survey and it would be useful to get all the information together.

The Chair confirmed that Tania Baxter will look at all of the staff surveys and all the regulatory requirements and ensure they are reflected on our annual work plan.

CMHT reconfiguration is on the Trust's Corporate Risk Register and we need to be clear as a Committee how we are dealing with the issues on the Risk Register.

The Chair queried how we can assure ourselves that actions are being taken in response to the survey and that we take a proactive approach to this in relation to this year's results.

This year's Community Mental Health Service survey results should be received in the Trust in December 2018.

The Chair ask for a fuller report taking into account performance figures and trends since the reconfiguration, and the staff survey along with some of the discussions that took place at the Executive Director meetings. Clear

TB

recommendations about next steps should be included in the report. Clive Clark confirmed that there is a presentation coming to Board in September that was deferred from the July Board Meeting which focuses on this.

Andrea Wilson suggested that pending the delivery of the wider piece of work on the quality framework that deep dives into areas that the Committee has concerns about, or need assurance from a quality perspective, could be undertaken.

Before the year end, the Committee needs to be looking at waiting times and timeliness of access to services. Also, when we have received the CMHT survey the Committee will require a fuller report in January 2019.

The Chair confirmed that the Committee required a CMHT survey deep dive in January and one around waiting times in November. A deep dive will be required when the next staff survey is received. The Executive Directors will be asked to particularly look at this in relation to quality and how we are taking forward the issues raised so we are absolutely assured that all actions are being taken. This will presumably be in early next year.

The Committee was assured by this report.

9) Infection Prevention and Control Annual Report 2017-2018 and Infection and Prevention and Control Programme for 2018-2019

Brenda Rhule provided an overview of this report.

The Infection Prevention and Control (IPC) team is doing very well. Out of 31 actions, there are only 2 outstanding. 1 regarding antibiotic auditing which the Pharmacy Department is responsible for achieving and the other is facilitating an IPC full day's conference.

Although the target for the flu campaign has not been met, they are doing well and uptake increased by 129% last year. The team will start planning this year's campaign and it was confirmed that the budget for the campaign sits within pharmacy.

There are issues around the Infection Control Committee, which will be chaired by Brenda Rhule, as there is very poor attendance from clinical staff. Brenda will be looking at the scheduling of the meeting to avoid clashes and will be contacting managers to ensure people attend or send a deputy to attend.

Good progress is being made in hand hygiene and educational training.

Some areas are not returning information for the surveillance data on time. Katie Grayson is chasing it on a regular basis and tighter controls will be put in place to improve compliance.

Concern was raised around an incident on Maple Ward. Staff had not removed a patient from a clinical area to enable domestic staff to carry out an essential deep clean. Brenda Rhule and Clive Clark will pick this up outside of the meeting and report the outcome back to the Committee.

BR/CC

<p>Richard Mills thanked the team on a well written, concise and helpfully presented report.</p> <p>The Chair commented that there is still an area that needs working on, and we should commend the good things within the report but we need to note the ongoing compliance issue. This cannot continue and the Chair welcomed Brenda Rhule taking this forward.</p> <p>The Committee was assured by this report.</p>	BR
<p>10) Emergency Readmissions – Correction and Clarification of the Mental Health Act Committee, Quarter 4 2017/18 Performance Report.</p> <p>A formal clarification to a reporting error was provided. Two sets of measurement are in place within the system and the wrong one was applied and reported. This has now been rectified.</p> <p>Andrea Wilson assured the Committee that there was no increase in re-admissions for the month and that it was a data error.</p>	
<p>11) CQUINs – Quarter 1 Progress Report</p> <p>Dr Mike Hunter provided an overview of this report.</p> <p>We are in year 2 of an exclusively National CQUINs program where there are 5 CQUINs in place covering: the wellbeing of staff, cardio metabolic assessment in people with severe mental illnesses, the quality of experience of care in A & E, transition between children and adult services and screening of alcohol and tobacco use.</p> <p>We are on track with the CQUINs in quarter 1 with the exception of 2 sub components which is in CQUIN No 5 – The Prevention of Alcohol and Tobacco where we are at 74% against 90% for tobacco screening and 5% against 30% for the onward referral to smoking cessation.</p> <p>Both issues have been raised with the Operational Directors at the Trust Management Group in order that mitigation can be put in place to get the CQUIN back on track.</p> <p>The amount of money at risk from the 2 sub components is circa £15,000.</p>	
<p>12) Research and Innovation Quarterly Assurance Report.</p> <p>Dr Mike Hunter provided an overview of this report.</p> <p>The research and innovation function is healthy in the Trust. There are a number of targets from the Research and Innovation Network which are about the recruitment of people into research projects and we are consistently over performing in relation to this.</p> <p>We have recruited, in the last 12 months, around 1,000 people against a target of 500. We have a number of National Research Studies which we sponsor which bring in research capability funding which we then invest in</p>	

<p>new applications.</p> <p>The CQC is taking a greater interest in research and innovation performance within trusts as part of their inspection regimes.</p> <p>Dr Mike Hunter raised a governance point regarding the Research and Innovation Group wishing to change its meeting cycle from bi-monthly to quarterly. This would improve alignment with the Trust's governance processes and asked the Committee to consider and approve this request. The Committee agreed that the Group can change to meeting quarterly and that they should report to the Quality Assurance Committee on a 6 monthly basis. This will affect a change in the Terms of Reference for the Quality Assurance Committee to 6 monthly reporting from the Group to QAC and an annual report to the Board of Directors. Tania Baxter will ensure this is actioned.</p> <p>Richard Mills raised a concern about research and ethics, the dilemmas and processes around the industry supported studies which do raise big issues, and that the report would need to cover it to give the Committee the assurance that it is the right and effective trial and that we are not just doing the trials that the industry wants.</p> <p>Dr Hunter responded that the emphasis was to look at Phase 2 clinical trials with the potential to deliver novel treatments and patient benefit.</p> <p>The Chair noted that there was an updated report which was available on Google drive.</p> <p>The Committee was assured by this report.</p>	<p>TB</p>
<p>13) Quality Assurance Proposals including Improving the Balance Between Inpatient and Community Service Metrics.</p> <p>Andrea Wilson gave a presentation on how we measure quality and equity on what happens in inpatient and acute services and what happens in community services in terms of visibility around reporting.</p> <p>In terms of patient experience we use the Friends and Family Test, Care Opinion, dignity and experience surveys and the 15 steps challenge, which are not across all services and are undertaken in smaller pockets focusing on inpatient areas. There are also complaints and compliments which tend to sit outside of these processes currently.</p> <p>In terms of effectiveness we rely on our clinical audit programme and the CQUINs help us to think about effectiveness but it is not integrated into our reporting at the moment.</p> <p>Lots of information is being pulled from Insight, Ulysses, Qlikview, excel spreadsheets and bespoke dashboards which are produced manually from different sources and many ad-hoc requests go into IMST and Tania Baxter's team.</p> <p>The Performance Management Framework (PMF) development slides have been to the Board of Directors several times, presented by IMST, about the development of a data warehouse. This will enable us to have one source of</p>	

data with different reports available to pull from the data warehouse. This work has been paused due to the transformation in community services, causing us to be behind schedule.

Andrea Wilson proposed, instead of duplicating work, that a collaborative approach is taken and all the relevant people from IMST, Clinical Operations and the Quality Team work together on the project.

A Task and Finish Group has been established to consider the proposed collaborative project. The first task identified is a mapping exercise to find out exactly what information is being collected, how it is used and which metrics and measurements are being used.

To support the Performance Management Framework and the data warehouse, we need to ensure that whatever is built has the right metrics applied and that we knew exactly what we were doing with the data. To build a system from team level upwards is essential as quality starts at team level. The proposal will enable us to build a framework that ensures that every time reports are extracted, they are based on reliable data, with the correct metrics applied which makes sense to the people receiving the information.

The plan going forward is that any changes to the agreed reporting metrics will have to follow a process. If anyone is asking for a change we should fully understand why, what are we going to with it and what value would be added through the change.

The outcome is to ensure that team managers and teams have a suite of information that helps them to improve, manage and understand the performance of their service with quality measures built into every level.

Work has started on the mapping exercise and Deborah Cundey and Jon Burleigh are leading on this. They are going out to meet every single team, service and manager to collect data.

Andrea Wilson requested the patience of the Committee as this is not a short term piece of work.

The Committee was requested to:

- note the progress being made in relation to the quality agenda
- support the expanded scope of the task as it is a lot bigger than originally tasked to do
- note the interdependencies for the delivery of this as IMST has a large role in this and that they need to get back on track with the data warehouse development
- note the benefit of having a set of reliable data that has quality built in that gives managers all over the organisation access to the right information to help them do their jobs better.

We need to assure ourselves around safety whilst this is being put together and Andrea suggested that the Committee uses a 'deep dive' approach into areas of concern to support this.

<p>The Chair questioned the capacity of IMST and the revised timescales in all of this and asked whether it could be done by 1st of April 2019, or was this too ambitious. The Chair also asked about assurance that this is one of the priorities for IMST.</p> <p>Margaret Saunders suggested that some of this work would support some of the areas on the BAF.</p> <p>Margaret Saunders enquired if the Terms of Reference for the Task and Finish Group were done, as it will be useful in terms of the reporting lines for the work itself and how it expands. Andrea Wilson explained that this had not been progressed in advance of the presentation of the proposal to QAC, but would be developed should the Committee support the revised proposal.</p> <p>Clive Clark commented that he was called into a meeting with IMST and Clinical Operations in regards to the timing around improving data and that we should receive a report in September which should help with the timing and what we could do in taking this forward.</p> <p>The Chair thanked Andrea Wilson for the presentation. The Committee supported the proposal.</p>	<p>AW</p>
<p>14i) BAF aligned Risks</p> <p>Margaret Saunders provided an overview of this report.</p> <p>No changes had been made following its presentation at the Board of Directors meeting 10 days previously.</p> <p>The Chair requested that the Committee is provided with the risks on the Board Assurance Framework (BAF) which are directly related to the Committee's remit for review. The Committee should consider how assurance is provided by the papers brought before the Committee and that the relevant risks are being managed.</p> <p>All Quality Assurance Committee risks have been reviewed, updated and quality assured by the respective Executive Leads and were presented as part of the complete BAF to the Board of Directors on 11 July and Audit Committee on 17 July 2018.</p> <p>The Committee was asked to consider the content of papers presented at today's meeting with a view to identifying how assurance can be gained that the risks on the BAF are being sufficiently mitigated.</p> <p>The BAF will be updated in line with feedback from this Committee and a further full review will take place in line with reporting requirements.</p> <p>Margaret Saunders confirmed that the report comes quarterly to the Committee and the Chair suggested that the Committee look within the quarter if there is any other thing that needs to be added for assurance, to be discussed at the meetings.</p> <p>The Committee was assured by this report.</p>	

<p>14ii)</p>	<p>CRR Aligned Risks</p> <p>Existing risks are shown on the Corporate Risk Register, which over the last quarter has had 2 additional risks added.</p> <p>Risks where the risk ratings remained static were raised at the Board of Directors in terms of what actions had been taken to address the risks, as 2 were quite high.</p> <p>A more detailed report could be brought to the next meeting in September around the progress being made around the actions been taken to address the risks.</p> <p>The Committee was assured by this report.</p>	<p>MS</p>
<p>15)</p>	<p>Complaints Quarter 4 Performance Report.</p> <p>Wendy Hedland provided an overview of this report.</p> <p>The total number of formal complaints received during the quarter was 38 – an average number for a quarter. This is pleasing given there was a potential risk of an increase post reconfiguration of community services.</p> <p>The response rate within the expected timeframe for the quarter was 23%. This is disappointing and is the Trust’s lowest figure since the NHS statutory complaint regulations were introduced in 1999. It can be seen that in other quarters the achievement was at 70% and above, as the benchmark target set by the CCG is 75%, which we always aim to reach.</p> <p>Clive Clark commented that the 23% response rate was not acceptable but after having conversations with the directorate, it was found that in quarter 4 it had much to do with the reconfiguration and the management restructuring.</p> <p>Part of the restructure was to recruit to the Patient Safety Team, 3 dedicated investigators. This Team have developed a tracking system for receiving complaints and how they move through the complaints processes. The current position is not ideal but things are on a trajectory showing improvement.</p> <p>Of the formal complaints, 10 were upheld, 10 were partially upheld, 10 were not upheld, 1 was withdrawn and 7 were still under investigation at the time of completion of the report.</p> <p>The Chair commented that the Committee is very keen to see how complaints are feeding into the triangulation of the assessment of quality. Ms Keene is keen to see how a report can be developed that looks at themes and trends within different services and more analysis. The current report gives detail on the actual complaints received by individuals, but does not give an overall sense of what is happening and the actions and learning we are taking from the complaints. Margaret Saunders was requested to take this forwards.</p> <p>The Committee approved this report but noted the work to be done going forward in relation to the content.</p>	<p>MS</p>

Evaluation / Forward Planner	
16)	<p>Confirmation of Significant Issues to Report to the Board of Directors</p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board in September:</p> <ul style="list-style-type: none"> ○ EMSA - first quarterly reporting is coming in September. ○ Further work is being done on the restraint and assaults triangulation. ○ Safeguarding - we are taking away an action to look at where the concerns are coming from and from which avenue is it family, community, environment or Trust activities and also further work on transitions. ○ CMHT triangulation - to see the totality of the picture in January and a deep dive into waiting times in November, where the Executives are going to do further work on the staff survey and the implications for quality to ensure there is a clear link between the staff survey, quality and clarity on confirmation to who is leading on what. ○ Recommended that the Research and Innovation Group meet quarterly at their request and that their reporting to this Committee becomes bi-annual rather than quarterly. ○ Quality assurance proposals on the comprehensiveness on what do we need to know for assurance with a new performance dashboard which is under development alongside operations, quality and IMST with some clarifications needed about priorities and timescales. ○ Complaints reported 23% response rate within timescale for quarter 4 and that the Committee is looking at how complaints are feeding into the triangulation of the assessment of quality. <p>Items for Annual Planner:</p> <ul style="list-style-type: none"> ○ Deep dive from CMHT in January 2019. ○ Deep dive on waiting times in November 2018. ○ Staff survey and the implications for quality and ensure there is a clear link between staff survey, quality and clarity on confirmation who is leading on what.
CLOSE	

Date and time of the next meeting
Monday 24th September 2018 at 1.00 pm – 3:00pm
Rivelin Boardroom, Fulwood Tudor Building

Apologies to PA to Medical Director