BOARD OF DIRECTORS MEETING (Open)

Date: 14th November 2018   **Item Ref:**   19i

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 22nd October 2018
TIMETABLE FOR DECISION	To be discussed at November'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	October 2018

SUMMARY REPORT

Report to:	Board of Directors
Date:	14th November 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 22nd October 2018.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 22nd October in December 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:

Regulation Dashboard

The Committee received the regulation dashboard and the following two areas were raised:

1. Health and Safety Executive (HSE) Inspection

The Quality Assurance Committee wishes to alert the Board to a forthcoming HSE inspection within the Trust. At the time of our meeting, further clarification was needed around the inspection. It is now understood that the inspection will take place from 10-14 December 2018 at numerous Trust locations and will look at violence and aggression, particularly towards staff, as well as manual handling.

2. Health Education England (HEE)

The Quality Assurance Committee noted the Royal College of Nursing and Midwifery last did a review of nurse training in December 2015 and it was thought that HEE requirements would be undertaken every 3 years. The Committee sought clarification to the HEE inspection requirements and asked for it to be brought back to a future meeting.

Litigation Annual Report

The Committee received and discussed the annual litigation report and requested that this was reviewed and brought back to the Committee in December 2018. It was also requested that an amendment to the level of assurance in the Board Assurance Framework in regards to litigation be amended to 'limited'.

Board Assurance Framework (BAF) and Corporate Risk Register (CRR) Aligned Risks

The Committee received these reports and recognised that amendments were necessary following the CQC action planning processes that were underway.

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 24th September 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. Liz Lightbown   Executive Director of Nursing, Professions & Care Standards (LL)
8. Margaret Saunders   Director of Corporate Governance (Board Secretary) (MS)
9. Jonathan Mitchell   Associate Medical Director for Quality (JM)
10. Laura Serrant   Non-Executive Director (LS)
11. Marthie Farmer   PA to Medical Director (Notes) (MF)

Apologies:
12. Clive Clarke   Deputy Chief Executive/Director of Operations (CC)
13. Brenda Rhule   Deputy Chief Nurse (BR)

Minute	Item	Lead
	Welcome & Apologies	
	The Chair welcomed everyone to the meeting and noted the apologies.	
1)	**Declarations of Interest**	
	There were no new declarations of interest.	
2)	**Minutes of the meeting held on 23rd July 2018**	
	The minutes of the meeting held on 23rd July 2018 were agreed as an accurate record with 2 amendments:	
	4) **Safety Dashboard**	
	Assaults	
	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.	

12)	**Research and Innovation Quarterly Assurance Report.**	
	Dr Hunter responded that the emphasis was to look at Phase 2 clinical trials with the potential to deliver novel treatments and patient benefit.	
3)	**Matters Arising & Action Log**	
	Matters Arising:	
4)	**Safety Dashboard**	
	A paper is required for 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.	**CC/LL**
	The paper is deferred to the meeting in October 2018.	
14ii)	**CRR Aligned Risks**	
	A more detailed report would be brought to the next meeting in September in relation to the progress being made around actions being taken to address the identified risks. This paper has been deferred to the October 2018 meeting.	
	Action Log:	
	Members reviewed and updated the action log accordingly.	

Safety and Excellence in Patient Care		
4)	**Safety Dashboard**	
	The safety dashboard was received for noting and the following key areas were highlighted:	
	Dr Mike Hunter drew attention to one of the areas where we at risk of evidencing a sustained step in the wrong direction. This was in relation to Restrictive Practices.	
	Both Seclusions and Restraints are showing increases. The analysis around this is complex and relates to acuity, skill mix and the way we run the acute system. Plans are in place to bring the use of Restrictive Practices down as far as is possible.	
	There has been an improvement in the number of post incident reviews being completed. The Operational Directorate has been undertaking work around this and 80% of post instant reviews have been completed in this month.	
	Dr Hunter reported that Endcliffe and Maple Wards have been successful in their application to join the NHSI and National Collaboration Centre for Mental Health Joint Programme for the reduction of Restrictive Practices and Tony Bainbridge is going to be the main Sponsor for the programme in the organisation.	

	Within the last four months an increase in self-harm has been noted. The narrative is that these are mainly episodes of self-harm occurring on inpatient areas with a small number of people responsible for a high number of incidents of self-harm. There is also a larger group of people who have experienced one or two incidents of self-harm.	
	The Suicide Prevention Training is being rolled out across the organisation and we have trained 80 to 100 people to date. Approximately 400 people will have been trained by the end of this year.	
	On a day-to-day basis we are challenged by qualified permanent Band 5 Nurse vacancies which are creating a problem around developing a safety and quality culture on the wards.	
	Understanding this situation requires triangulation of information and self-harm should be read against seclusions, restraints and assaults for a full understanding of the overall acuity in the system.	
	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)	**CQC Inspection Update**	
	Andrea Wilson updated the Committee on the CQC Inspection.	
	A draft report was received on the 30th of August 2018 and the Trust had 10 working days to respond to it with factual inaccuracies and supporting evidence.	
	A response has been sent back to the CQC.	
	We are now awaiting feedback from the CQC who has 6 weeks' to respond to our submission with a final report. This should be around the end of October or the beginning of November.	
6)	**Service User Engagement Group – Quarterly Report**	
	Dr Mike Hunter gave feedback on this report.	
	Dr Hunter drew attention to the recruitment of 2 new band 5 Engagement and Experience Facilitator posts. This will support the Trust in driving the Engagement and Experience agenda forward.	
	The Trust is making progress on promoting the use of Care Opinion in getting more stories through and responding to 80% of those that are submitted.	
	The Trust has done well against our internal audit objectives and good progress is being made with our work to improve our understanding of service user experience.	

	Friends and Family Tests show that recommendation rates tend to be very high. Our focus is on increasing the number of responses. The number of responses currently being generated is very small, which is similar across the board in Mental Health provider Trusts.

Richard Mills commented on the Compassion Conference which he thought was a very well presented and thought provoking conference.

Liz Lightbown requested that the Friends and Family Test could be broken down to individual ward and community team level. It would be helpful to put this information into the performance report and cross reference it to staffing levels.

The Chair enquired about the 11 stories submitted since May 2017 that have been heard but not received a response. The Chair requested for an action to be taken back to the group to ensure that we are fully compliant in responding to all stories. Understanding feedback will enable the Trust to pose the "so what" question and take effective action to improve services.

The Committee was assured by this report. | **MH** |
| **7)** | **Litigation Annual Report**

This report has been deferred to the October 2018 meeting. | |
| **8)** | **Complaints Annual Report**

Margaret Saunders provided an overview of this report:

The Annual Report for 2017/18 has shown a reduction in complaints from the preceding years and does cover the period of the reconfiguration of community services.

Response times require improvement. There is clearly a gap and harder work is needed in terms of getting the response rate up. This is where the focus will be for the next year.

Following the reconfiguration we have moved to high level of reporting in terms of only 2 operational groups – Planned and Scheduled and Acute Care Networks. In terms of granularity there was a request that it would be considered at Executive Level to present the information in more detail. Margaret Saunders agreed to review this.

Most of the complaints were from service users and the highest number of people that was implicated by it was managers and nurses, The Committee asked about lessons to learn or things we need to be considering such as values, how people are treated and respect. Margaret Saunders agreed to take this back and review the report.

The Committee noted that although the data is useful, the format is not very accessible: the Committee is looking for more analysis and consideration of the "so what" question.
A question was raised about the corporate view, about what is corporately being done to look into the "so what". There is no strategic view of complaints linking with the Service User Engagement Group and how | **MS** |

	complaints are being triangulated with the surveys and patient feedback. What is missing from the report is what action we are taking and how we know that the actions we take are effective. The Committee took limited assurance from this report.	
9)	**Complaints Management - Quarterly Report (Q1)** Margaret Saunders provided an overview of this report. The Chair commented that the Committee is not confident that we have any assurance on complaints from the current report. The Committee hopes to see more information and analysis from the Operational Teams on actions taken in the next quarter's report. The Chair suggested that an appendix from the Operational Teams be attached that describes the analysis from their perspective, what is happening within the service and the actions taken to respond to the complaints made. The Committee took limited assurance from this report.	
10)	**Mental Health Legislation (MHL) Q1 Performance Report 2018/19** Liz Lightbown provided an overview of this report. This is the first integrated performance report for the Mental Health Act (MHA) and the Mental Capacity Act (MCA) / Deprivation of Liberty Safeguards (DoLS). This is a first integrated report and from Quarter 2 the actual governance structure will be integrated as well. Andrea Wilson in her capacity as Director of Quality will be taking over the Chairing of the Mental Health Legislation Committee and it is the intention to reduce the length of the report to produce a more analysed executive type of summary for the both the Executive Directors Group and the Quality Assurance Committee. The Governance Structure that has been introduced and incremental improvements which have been made in terms of identifying, monitoring and reporting on practice, are giving a high level of assurance. There is more understanding of levels of clinical practice around mental health legislation and practice from the weekly and monthly audits and other means of assessing practice. Reporting of rectifiable and non-rectifiable errors is a new report that has started in quarter 1. Following a recommendation from the internal auditor, work has commenced in quarter 1 to establish the minimum standards for recording of capacity and consent. Deprivation of Liberty Safeguards was an ongoing issue which had been raised in previous reports. There continues to be delays in terms of the statutory body's role to review the applications but assurance can be given	

that the Trust has fulfilled its duties and all applications have been made on behalf of individuals that are within our care homes.

Training compliance levels are over 80% across our services. A new booklet is to be launched which is particularly for the ward based nurses in terms of their competency in relation to their knowledge and application of the Mental Health Act.

The Chair commented there is a lot of description and explanation tied in with the figures and that as we do get more familiar with the report we should not need the fuller explanation, an appendix will be sufficient for this detail. The summary should reflect the areas of concern, if we are not meeting our requirements, actions being taken to address this and assurance that the actions taken are effective.

Dr Mike Hunter requested that we have a closer look at our use of Community Treatment Orders (CTOs), community service reconfiguration, admissions and acuity as we have had a third of reduction in the number of people on CTOs in the past two years. This could be framed as a good thing due to CTOs being a restriction to help people to remain well and we need to understand it better. He requested that within the next report we have some analysis on this.

LL

The Committee was assured by this report

11)	**Infection Prevention and Control (IP& C)– Quarter 1 Performance Report**	

Liz Lightbown provided an overview of this report.

There are detailed reports around IP&C in terms of identification and monitoring of practice, which is well managed.

The IPC team is going to present performance reports at the new governance meetings in Clinical Operations and have started to present at the Care Network meetings.

Hand Hygiene training is at 95% compliance across the Trust.

Surveillance on the acute admission wards for MRSA is underperforming at 21% compliance which has been fed back to the operational services to be addressed.

There have been 4 cases of E Coli in the Clover Group and 2 cases of suspected MRSA in Nursing Homes. Reviews have been undertaken.

The IP&C Policy has been reviewed and revised in quarter 1 and will be signed off through the appropriate governance systems in Quarter 2. There has been a significant improvement in Environmental Cleanliness Audits in quarter 1. The exception for April was Birch Avenue Nursing Home. This was due to a new housekeeper and there was a delay in the submitting of the report.

The Chair raised her concern that the Clover Group had not provided a report to the CCG. She requested that this is followed up and that the report

	is completed. The Committee was assured by this report	**LL**
12)	**Mortality Quarterly Assurance Report** Dr Mike Hunter provided an overview of this report and explained to the Committee that the learning points that were displayed within the tables were either from serious incident investigations or through Structured Judgement Reviews that had been undertaken. Due to the timing of this report, the learning from the first quarter had not yet been added, but this would be prior to the report being presented to the Board of Directors. The Committee was advised that the Trust had not received any completed LeDeR reviews back from quarter 1, hence the absence of learning points, but when received, any learning from these will be added in retrospectively. Dr Mike Hunter drew the Committee's attention to the Structured Judgement Review within the report that was rated as 'poor care' and advised that this case had been taken back into the Care Network via the Service User Safety Group and the Care Network's Operational Safety arrangements, to ensure learning and feedback was provided as appropriate. The Committee was assured by this report.	

13)	**Quality Impact Assessments for Cost Improvement Plans for Corporate Directorates and Care Networks**
	
	    i) **Monitoring Report for Q3 and Q4 2017/18**
	           Liz Lightbown provided an overview of this report.
	
	           The report was received and the Committee was assured by it.
	
	    ii) **Received up to 7th August 2018 for 2018/19**
	           Liz Lightbown provided an overview of this report.
	
	           The reports have been received and approved at the Executive Directors Group.
	
	           QIA's are for the cost improvement plans proposed so far, there are more QIA's and cost improvement plans that are due to come through to the panel.
	
	           The report was received and the Committee was assured by it.
	
	    iii) **Monitoring Report for Q1 2018/19**
	           The report was received and the Committee was assured by it.	

14)	**Incident Management Quarterly Report (Q1)** Dr Mike Hunter provided an overview of this report The report is still a work in progress. Within quarter 1 we have achieved the targets set out by the CCG.	

	The patterns of the incidents, how they are ranked and graded etc. remain the same. Due to the timing of the reporting, there appears to be a couple of inconsistencies in the way we are reporting LeDeR deaths and Medicines Incidents to the Quality Assurance Committee and on the Safety Dashboard that goes to Board. The direction of travel for this report should be around real time review, thematic analysis, actions taken and evidence of success in the implementation of the actions. The Committee was assured by this report.	
15)	**Safeguarding Adults Quarter 1 Performance Report (Q1)** Liz Lightbown provided an overview of this report. Development work has been done with the new safeguarding professional lead and safeguarding nurse now in post. They are working on sorting out the data, systems and the comprehensive training is being reviewed and revised. Training levels have improved across the board. The Safeguarding Team is looking at tailoring some bespoke supervision from the lead professional and the safeguarding nurse for areas where we have safeguarding managers and where we take on this responsibility from the Local Authority. In particular, the Team wants to start focusing on the inpatient wards and the competence and confidence of the ward managers and senior nurses in our inpatient areas, particularly in areas around sexual safety. The notifications of concern in adult mental health in quarter 1 have significantly improved to 96%, which have been screened within the required timescales. The Team is liaising directly with the respective teams in the community post reconfiguration and some additional training has been sourced for them through the Local Authority. In quarter 1 the Transition Protocol from Child and Adolescent Mental Health Services to Adult Mental Health Services has been revised. An update on progress with this will be received in quarter 2. Insight work with IMST is continuing. Brenda Rhule in her capacity as new Deputy Chief Nurse will be reviewing, advising and updating the steering groups for both children and adults safeguarding, and will be combining them going forward. She will be looking at representation from the Care Networks given that services have been reorganised and reconfigured, and there has been some movement of middle managers and senior staff.	

	The Committee was assured by this report.	
16)	**Safeguarding Children Quarter 1 Performance Report (Q1)** Liz Lightbown provided an overview of this report. The Committee was assured by this report.	
17)	**Service User Safety Group – Quarterly Report** Dr Mike Hunter gave feedback on this report and of the key areas. He reported that the Group has been meeting regularly, has fulfilled its function and is well attended. The group has undertaken reviews with the Acute and Scheduled Care Networks to go through their safety issues and concerns, and has been particularly sighted on the S136 suite due to a problem in the last quarter and on the roll-out of the suicide prevention training. The Restrictive Interventions Practice Group is being amalgamated into the Service User Safety Group and will be a standing agenda item at this meeting. The Committee was assured by this report.	
18)	**Eliminating Mixed Sex Accommodation (EMSA) – Quarterly Assurance Report** Lisa Johnson gave feedback on this report and on the key areas. This is the first formal quarterly review in this format which will be developed into more of a dashboard over time. The report includes an update on the formal breaches and reporting and also on further information on the way we are managing EMSA on the wards. A Standing Operating Procedure (SOP) has been updated to reflect in particular on the definition of what is a reportable breach, as opposed to what is just a concern. We need to hear the concerns from our service users and act on these. Progress is being made on audits in terms of asking people on admission for their preferences in terms of being on a mixed sex ward and whether they have any concerns about their sexual safety. The wards are achieving 100% in relation to asking these questions. The CQC Sexual Safety on Metal Health Wards report has been received by the Service User Safety Group. Andrea Wilson will be leading some work to assess where we are as a Trust against the recommendations in the report. It will also be shared and discussed as part of the Clinical Operations Crisis and Emergency Care Network Operational, Performance and Governance Groups.	

	No concerns were raised from the CQC on EMSA during their inspection; they recommended that we continue to do individual risk assessments on all the wards.	
	EMSA has been logged on the relevant risk register as directorate recorded risk 2733.	
	The Committee was assured by this report.	
19)	**Clinical Effectiveness Group – Quarterly Assurance Report**	
	Dr Mike Hunter gave feedback on this report and of the key areas.	
	He reported that the Group has been meeting regularly, has fulfilled its function, is well attended and on track with its work plan.	
	The annual plan has been submitted to the CCG, in quarter 1 the group is overseeing a number of priority audits.	
	The Committee was assured by this report.	
Evaluation / Forward Planner		
20)	**Confirmation of Significant Issues to Report to the Board of Directors**	
	The Committee agreed the following should be included in the Significant Issues Report to the Board in September:	
	Safety Dashboard - discussed the links between the recorded self-harm, seclusion and assault incidents to the acuity of service users on inpatient areas and nursing consistency and that the Committee will continue to monitor this closely.	
	Complaints Annual Report - 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 - 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 - received the quarter 1 report and acknowledged the assurance provided within it. 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) - 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** - 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. 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 Actions For the Board of Directors to note the issues raised and receive assurance that the Quality Assurance Committee has taken appropriate action. Items for Annual Planner: CQC – Responses for November.	
CLOSE	

Date and time of the next meeting
Monday 22nd October 2018 at 1.00 pm – 3:00pm
Rivelin Boardroom, Fulwood Tudor Building

Apologies to PA to Medical Director