



BOARD OF DIRECTORS MEETING (Open)

Date: 12th December 2018

Item Ref: 14ia/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 26th November 2018
TIMETABLE FOR DECISION	To be discussed at December'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	November 2018



SUMMARY REPORT

Report to: Board of Directors

Date: 12th December 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 26th November 2018.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 26th November in February 2019. 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:

Mortality Quarterly Assurance (Q2) Report

The Committee received and discussed the Mortality Quarterly Assurance (Q2) report. The Committee has asked for the CCG's support, as part of the Trust's engagement with the National Team, to help improve the referral route between the Single Point Access and IAPT, following a mortality review undertaken.

CQC Well-led Inspection Overview and Action Plan Update

The Committee received and comprehensively discussed the Trust's action plans. The Committee was informed of the monitoring and oversight processes for CQC with regards to data driven meetings taking place monthly with assurance provided quarterly. The Committee would like to bring this to the Board's attention in terms of CQC planning.

Annual PLACE assessment and Action Plan

The Committee received and discussed the Annual PLACE Assessment in detail. The Committee noted the very positive performance in the report and recommended that the resulting action planning be referred to Operations to finalise.

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 22nd October 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. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards (LL) |
| 7. Margaret Saunders | Director of Corporate Governance (Board Secretary) (MS) |
| 8. Jonathan Mitchell | Associate Medical Director for Quality (JM) |
| 9. Laura Serrant | Non-Executive Director (LS) |
| 10. Michelle Fearon | Director of Operations & Transformation (MicF) |
| 11. Clive Clarke | Deputy Chief Executive/Director of Operations (CC) |
| 12. Brenda Rhule | Deputy Chief Nurse (BR) |
| 13. Marthie Farmer | PA to Medical Director (Notes) (MF) |

Apologies:

- | | |
|-------------------|--------------------------|
| 14. Andrea Wilson | Director of Quality (AW) |
|-------------------|--------------------------|

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 24th September 2018</p> <p>The minutes of the meeting held on 24th September 2018 were agreed as an accurate record.</p>	
3)	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p>6) Service User Engagement Group – Quarterly Report</p> <p>The Chair questioned the Care Opinion stories reported within the report that had not been responded to. Dr Mike Hunter agreed to take this issue to the Service User Engagement Group to ensure that</p>	CC/LL

the Trust is fully compliant in responding to all stories. Within the next quarterly report, it will be clearly show the stories that have been responded to and provide a clear explanation of why they haven't been, where this is the case.

8) Complaints Annual Report

Margaret Saunders confirmed that she will follow this up and ensure work is undertaken to address the issues previously raised around the levels of assurance that can be derived from these reports.

Michelle Fearon added that since the Patient Safety Team has been established, there are a much tighter assurance processes in Clinical Operations, which have a stronger oversight around timescales, reporting and action plans to work alongside corporate colleagues to make sure the level of assurance is met as required.

10) Mental Health Legislation (MHL) Q1 Performance Report 2018/19

Liz Lightbown confirmed that, following the request from Dr Mike Hunter, within the next report there will be more analysis and a closer look at our use of Community Treatment Orders (CTOs), community service reconfiguration, admissions and acuity.

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

Following concern raised by the Chair, Liz Lightbown confirmed that the issue around Clover Group not providing a report to the CCG was being followed and is being completed.

Action Log:

Members reviewed and updated the action log accordingly.

Safety and Excellence in Patient Care

4) Skill mix, Agency staff and Respect Training Update

Clive Clarke provided an overview of this report.

There were 4 areas that were looked at:

a) Ward Skill Mix on the Wards

Wards carry a 30% cover which is built into budgets to cover such things as sickness, training and annual leave, as well as some 1:1 observations.

Michelle Fearon highlighted an important factor that this is just the base line establishment that is currently funded based on an assessment of acuity that was done some time ago, and that the base line establishment then to what we will need for the future will be different and that the important factor is having the evidence to clinical acuity to stipulate what the difference is.

Assumptions cannot be made as it is this still an ongoing piece of work and should be brought back as a report and included in the planning around 2019/20 going forwards.

The Chair commented that the acuity tool is our action point to help us be assured and that we are now using it where we were not before and that we are going to reassess the staffing requirements on the basis of our new levels of acuity and to what we know is going on within the wards, and that a recommended staffing level change is expected from it.

The staffing, safety and finance is now joined up with regards to staffing requirements on the wards.

b) Numbers of Bank and Agency Staff

Figures show that a high percentage of shifts are covered substantively by registered nursing staff and that a high rate is done by our own staffs that are Respect trained. We then use Bank staff which are our own staff that are trained, and then agency staff on a contractive period ensuring they are at least trained to level 2 Respect.

From an assurance perspective, on occasions were we do not have the three Respect trained staff per ward, which usually happens in the evenings or at night, there is an opportunity for the Band 7 lead to move staff around to work between wards and to ensure that Respect needs are escalated and being done with the sufficient numbers of staff.

The ward where there is consistently fewer Respect level 3 trained staff is on Burbage Ward.

We are over recruiting on support workers and we are predominately using bank and agency staff usually around 1:1 observations and are aware that we have over recruited.

We do know that we have in excess of 20 vacancies across the wards and there are a number of things we are doing on the recruitment side to these posts, acknowledging the present national shortage.

In terms of staff well-being being an ongoing concern, due to the increasing hours and strains that come from it, it is being monitored through the working time directive. We are doing regular reviews of the staff that are working long hours and are ensuring that it is picked up in 1:1 supervision and followed up to ensure that people are practicing safely

It has been a clinical decision to use support workers on 1:1 observations and we should not move away from it.

A real success this year was achieved with the universities in Sheffield with Tony Bainbridge making a real effort to work with the universities and do a significant conversion onto our nurse rotation programme, which has really attracted nurses onto the programme. Michelle Fearon will let Laura Serrant have the numbers of students leaving university who have elected to work here.

MicF

<p>We have one of the lowest bed bases in the country and that in itself concentrates a high level of acuity and do we need the staff there to support the work with the services users.</p> <p>c) <i>Respect Training and Levels of compliance</i></p> <p>There is a narrative around the number of people who are Respect trained and are we looking to train agency staff.</p> <p>Programme is ongoing around training.</p> <p>d) <i>Action been taken going forward</i></p> <p>Expected to produce an action plan by the end of this month. There is going to be discussions at the Executive Directors Group meeting on Thursday where we will be looking at the action plan, which will go to Board for approval afterwards.</p> <p><i>Update on the 8 Key Messages:</i></p> <ol style="list-style-type: none"> 1. Result of the case mix acuity the staff level required is consistently over and above the budget establishment. 2. Significant proportion of additional nurse shifts are undertaken by our own staff via bank that are Respect level 3 trained. 3. Acuity tool is now being completed by wards and is happening and the intelligence will be used going forward when looking at the staff establishment and skill mix. 4. Ward staffing is being done and supported through recruitment of additional support workers. 5. Acute wards Respect level 3 training is at high level numbers. 6. Bank workers are required to undertake level 2, but have undertaken level 3. 7. Agency staff that are block booked are supported to undertake Respect level 3 training. 8. Respect level trained staffing levels at night are monitored by the out-of-hour's coordinators and remedial action is taken as required. <p>The Committee was assured in terms of the actions that had been taken, this now needs to be consolidated within our overall action plan and we need to see change.</p>	
<p>5) Safety Dashboard</p> <p>The safety dashboard was received for noting and the following key areas were highlighted by Dr Mike Hunter:</p> <p>Clinical Operations brought a very helpful safety paper to the Executive Directors Group last week, which will be turned into an action plan with timescales and an appropriate version of it be brought to the Quality Assurance Committee.</p> <p>Dr Hunter drew the Committee's attention to the fact that we have been doing better on post-incident-reviews over the last couple of months, getting into the higher 80 percentages in comparison to the 50 percentages previously.</p>	<p>MicF</p>

<p>Assaults on staff are the lowest they have been in the last two years in September and the significant degree of the achievement was down to the position of Firshill Rise, who has embedded safety huddles into the day to day practice.</p> <p>The nurse consultant for learning disabilities, who is primarily based within the Community Intensive Support Services, has been working into the ward giving oversight and direct 'hands on' which has been having an impact on improving day-to-day nurses and support workers' confidence by teaching as a role model on how to interact and respond.</p> <p>The Committee was assured by this report.</p>	
<p>6) Regulation Dashboard</p> <p>Dr Mike Hunter gave an overview of this report.</p> <p>There is an error which persists against the staff survey which says "from the 2017 survey results the Trust scored 3.69 (out of 5) which is down from 3.64 in 2016". This is an typing error and will be rectified.</p> <p>Dr Mike Hunter and Tania Baxter to take the report away and revise.</p> <p>The Trust has been notified and informed last week that it will be receiving an inspection by the Health and Safety Executive, but dates have not been confirmed as yet.</p> <p>The Committee was assured by this report.</p> <p>Post meeting note: The Health and Safety Executive is visiting the Trust 10th to 14th December 2018 inclusive. The visits will be to investigate the Trust's handling of violence and aggression, particularly towards staff, and also manual handling.</p>	<p>MH/TB</p>
<p>7) Litigation Annual Report</p> <p>Margaret Saunders provided an overview of the annual litigation report for 2017/18.</p> <p>It is a very factual presentation of the findings over the year and intentions are to do more analysis on this in terms of what the learning from this is and then take it forward within the organisation.</p> <p>Richard Mills commented that what would be interesting within the report is the number of claims and how they compare with previous years with a total view of the costs to the Trust compared to previous years with a breakdown of where and what the claims are and are we seeing trends that relate to persistent themes, what can we do about them and what was the Executive Directors Group response to them.</p> <p>Jane Harriman commented that there is no assurance about how to reduce the risk, and if this is the annual report, what actions were taken to reduce the risk of litigation next year.</p>	

	<p>The Chair agreed and mentioned that there was a red rating on the report for last year and the figures seem to be worse this year and if it is based on the volumes, we are going to be staying 'in the red'.</p> <p>This report is the actual statistics of what happens every month in terms of assaults on staff.</p> <p>The Committee requested that different language was used within the report.</p> <p>Clive Clarke responded that work is being done that is not reflected in the report, particularly around security, which was covered in the security paper that the Executive Directors Group received..</p> <p>Michelle Fearon reiterated that from the Patient Safety Team, as part of Clinical Operations, what would be useful to the Quality Assurance Committee are some thematic reviews with learning points in terms of what it triangulates with the actions and what responses are being taking and what the risk to the organisation is.</p> <p>The Committee allowed this report to be taken as a draft annual report, for this to be revised and brought back to the Committee by the end of quarter 3.</p> <p>The Committee was not assured by this report in its current state.</p>	MS
<p>8i)</p>	<p>Board Assurance Framework (BAF) Aligned Risks</p> <p>Margaret Saunders provided an overview of this report:</p> <p>There are 16 BAF risks have been assigned to the Committee which have been fully reviewed and updated with the full BAF having been presented to Audit Committee (AC) for review on 16 October 2018.</p> <p>Richard Mills commented that as the 16 BAF risks within this report had yet to be cross referenced and aligned with the CQC must do actions it was problematic to debate.</p> <p>This was expanded upon by the Chair who acknowledged the BAF assurances provided pre-date the CQC report which, given the number of quality and safety issues highlighted, could suggest the assurances were compromised and questioned the benefit of discussing the report at this stage.</p> <p>The report was accepted with the caveat a revised report would be presented to the meeting in November 2018 to demonstrate alignment of the CQC must do actions with the BAF including levels of assurance.</p>	
<p>8ii)</p>	<p>CRR Aligned Risks</p> <p>Margaret Saunders provided an overview of this report.</p> <p>The Chair noted a risk on the Corporate Risk Register (CRR) submitted to Audit Committee regarding the risk of insufficient consultant cover as a result of retirements, relocation and maternity leave potentially impacting on the</p>	

safety and quality of care. A request was made for the Executive to determine the Committee allocation of this risk, i.e. QAC or the Workforce and Organisational Development Committee (WODC)

Dr Mike Hunter drew attention to the ligature risk as there had been a slippage against the timescale for completion of the works scheduled for completion at the end of September 2018 which now are being reported for completion in November 2018.

Michelle Fearon gave assurance all planned work has been facilitated and carried out across all acute adult services. The one remaining residual issue related to a single en-suite room on Dovedale ward, where a bespoke internal door which had been ordered by the contractors, was subsequently found to block the access route to the en-suite bathroom. The Team is actively working with the contractors to identify and source a suitable alternative and will ensure there is clinical assurance to satisfactorily resolve.

The report was accepted with the caveat a revised report would be presented to the meeting in November 2018 to demonstrate alignment of the CQC must do actions with the CRR including levels of assurance.

9) **Quality Objectives / CQC Overview**

Dr Mike Hunter provided an overview.

The Chair requested if assurance could be given in terms of what are happening, the timescales and processes.

The CQC report gives us the current state of affairs in the organisation and the Trust needs to respond to it.

We need to acknowledge the process for Board and that this Committee needs to be sighted on the collective response to the CQC report.

A version of the action plan will be presented to the Quality Assurance Committee (QAC) in November and then to Board after that.

QAC will do the Standing Committee level of stress testing on the CQC action plan.

Dr Mike Hunter commented that in November's Board meeting the annual Safety and Effectiveness updates on the CQC domains are due, and suggested that as we are in a process of bringing an update to QAC, that the Committee deal with it and that it then makes its way to Board which will have a natural annual progress against safety as part of it.

Tania Baxter iterated the linkages between the quality objectives and quality goals set by ourselves to ensure what we know from the CQC that the priorities are aligned to our overarching quality priorities and that we have one plan that links with what we say our priorities of the Board Assurance Framework is, what our Corporate Risk Registers are saying and what our Quality Improvement Assurance Strategy is saying and we need to be concentrating on and filter that into our quality goals and the actions that we are going to take to address the CQC and all the others in the interim.

This Committee is going to oversee the plan but also needs to see what the issues and position are in the report.

The Chair commented that we need to be clear on prioritisation with clarity on actions and accountability to when the Quality Assurance Committee do get the opportunity to influence and shape the content in the action plan.

Clinical Operations are already working on an action plan process, taking it from the verbal feedback from the inspectors, adding to it on receiving the draft report and then the final report so that there is one CQC action plan tracker that can be populated and manipulated, depending on which areas you want to look at helping to look at it thematically and at particular areas and clusters.

Every team has been involved in the action planning process.

The Trust needs to ensure that our responses are smart, deliverable and really clear and that we can crystallise what we are doing.

An action plan is going to go to the Executive Directors Group this week for sign off.

Action plans do look different in places and there will be a version that is being used in a team and a directorate, and the Board's action plan is the BAF and we need one that can speak to both.

Thought must be given to the timing for the BAF to the Board scheduled in November and given what was said we need to defer it to December's meeting. The BAF needs to come to the Quality Assurance Committee in November along with the CQC action Plan and then proceed to Board in December.

Dr Mike Hunter summarised that it would be pragmatic if the responses to the CQC were shared because of the timescales, being a crucial document and that the truly substantive discussion is going to take place at the Quality Assurance Committee in November on receiving everything. The action plan will be stress tested to ensure it does what it needs to do for us and then be carried forward to Board in December with a number of infestations including a revised BAF and a different approach to the annual update on the safety domain and the action plan.

The CQC report was discussed at length at the Board meeting on Thursday and that it was not useful to repeat the same discussion here.

The Quality Assurance Committee has had an extensive discussion following the Board discussion on the content and prioritisation and the key issues that the Trust has to face, and that today's discussion has been about the process of completion of the action plan to go forward to the CQC on Friday and that it has been agreed a process for a thorough review of the content at the meeting in November in preparation for a change to the BAF and a review of all of the organisational planning to achieve the improvements required throughout all our processes.

<p>10) CQUIN's – Quarterly Progress Report (Q2)</p> <p>Dr Mike Hunter gave feedback on this report.</p> <p>CQUIN's are on track and there are two areas of exception which has got to do with alcohol and tobacco screening.</p> <p>Money at risk is not large and is in the range of £17,000.</p> <p>Tania Baxter has been asked to schedule it on the agenda for the next Trust Management Group to then work on getting the operational response to the performance of these 2 aspects of the CQUINs.</p> <p>The Committee was assured by this report</p>	<p>TB</p>
<p>Evaluation / Forward Planner</p>	
<p>11) Meeting dates for 2019</p> <p>All members to note the new dates for 2019.</p> <p>Richard Mills has agreed to chair the January 2019 meeting on behalf of Sandie Keene.</p> <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 November:</p> <p><i>Regulation Dashboard</i></p> <p>The Committee received the regulation dashboard and the following two areas were raised:</p> <ol style="list-style-type: none"> 1. <i>Health and Safety Executive (HSE) Inspection</i> <p>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.</p> <ol style="list-style-type: none"> 2. <i>Health Education England (HEE)</i> <p>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.</p> <p><i>Litigation Annual Report</i></p> <p>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</p>	

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.

Items for Annual Planner:

Due to the CQC action plan discussion at the November meeting some of the reports are going to be deferred to the December meeting.

CLOSE

Date and time of the next meeting
Monday 26th November 2018 at 1.00 pm – 3:00pm
Rivelin Boardroom, Fulwood Tudor Building

Apologies to PA to Medical Director