

BOARD OF DIRECTORS MEETING (Open)

Date: 13th February 2018

Item Ref: 16a ii

TITLE OF PAPER	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Mr Richard Mills, Acting Chair, Quality Assurance Committee Non-Executive Director
ACTION REQUIRED	For assurance
OUTCOME	To report items of significance discussed at the Quality Assurance Committee on 28th January 2019
TIMETABLE FOR DECISION	To be discussed at February'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	Richard Mills
Designation	Acting Chair, Quality Assurance Committee (Non-Executive Director)
Date of Report	January 2019



SUMMARY REPORT

Report to: Board of Directors

Date: 13th February 2019

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

Presented by: Richard Mills, Acting 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 28th January 2019.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 28th January 2019 in March 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:

Community Mental Health (CMH) Survey and Action Plan Overview

The Committee received and discussed the survey results for 2018, together with a progress update on the associated action plan. The Committee requested to receive a 'deep dive' on the Recovery Teams at their next meeting in February 2019.

Nutrition and Hydration Strategy and Implementation Plan

The Committee received a progress report on the strategy and implementation plan, which was deemed to be a very positive report. They recommended that a further update be brought back to the Committee in the Autumn.

Mental Health Legislation Update – Briefing Papers

The Committee received a briefing on the ongoing review of legislation relating to the Mental Health Act, Mental Capacity Act and the Mental Health Units (Use of Force) Act 2018. Further updates will be provided to the Committee in line with the quarterly reports on Mental Health Legislation.

BAF and CRR Aligned Risks

The Committee received these registers and acknowledged the improvements that had been made, whilst further recognising that there was still further work to be done. Attention was paid to the two “limited assurance” rated areas on the BAF and the Committee discussed the plans around these, progress upon which will be reported to future meetings.

Quality Improvement and Assurance Strategy Update

The Committee received and discussed the Quality Improvement and Assurance Strategy which had been refreshed following the recent CQC inspection. The Committee discussed the minor changes within the strategy which now aligns the Trust’s priority improvements with the CQC findings. Due to the non - materialistic changes made to the strategy, it was suggested and agreed that this did not warrant further Board approval.

Clover Group Governance Report

The Committee received and discussed this report which they considered to be an excellent and well-presented report that went beyond the remit of the Committee. Committee members discussed the need to have further strategic discussions around the Clover Group within the appropriate fora.

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 17th December 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. Clive Clarke | Deputy Chief Executive/Director of Operations (CC) |
| 5. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards (LL) |
| 6. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG (JH) |
| 7. Brenda Rhule | Deputy Chief Nurse (BR) |
| 8. Margaret Saunders | Director of Corporate Governance (Board Secretary) (MS) |
| 9. Michelle Fearon | Director of Operations & Transformation (MicF) |
| 10. Andrea Wilson | Director of Quality (AW) |
| 11. Jonathan Mitchell | Associate Medical Director for Quality (JM) |
| 12. Tania Baxter | Head of Clinical Governance (TB) |
| 13. Marthie Farmer | PA to Medical Director (Notes) (MF) |
| 14. Diane Barker | Safeguarding Lead Nurse (Observing) (DB) |

Apologies:

- | | |
|-------------------|-----------------------------|
| 15. Laura Serrant | Non-Executive Director (LS) |
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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 26th November 2018</p> <p>The minutes of the meeting held on 26th November 2018 were agreed as an accurate record, following a minor grammatical change to page 11.</p>	
	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p>7) Litigation Annual Report The Clinical Operations team, represented by Anita Winter, will bring a thematic analysis to the Committee in January 2019 which will</p>	

<p>provide more detail and assurance. Information is required from colleagues and Michelle will follow this up with Margaret Saunders.</p> <p>5) Mortality Quarterly Assurance Report (Q2) Jane Harriman responded to the Committee's request for the CCG to actively support the flexibility of the referral arrangements in the system, particularly between SPA and IAPT. Work is ongoing within Clinical Operations to address these issues</p> <p>6) Infection Prevention and Control – Quarterly Report (Q2) Liz Lightbown updated on the report which came to the Quality Assurance Committee. The planned full day IPC conference, on behalf of the Trust, was to be deferred and the Committee was assured that there will be a conference next year and that it will integrate Infection, Prevention and Control as well as Physical Health.</p> <p><u>Action Log:</u></p> <p>Members reviewed and updated the action log accordingly.</p>	<p>MicF / AW / MS</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 by Dr Mike Hunter:</p> <p>Data on the dashboard indicates that the Trust's position remains stable and is neither deteriorating nor improving, but is within the upper and lower control limits.</p> <p>Important areas of non-improvement are around assaults and restrictive interventions. Clinical Operations are addressing these issues.</p> <p>Clinical Services continue to be challenged by the number of challenging presentations from service users. There have been a number of serious assaults on staff and new security measures have been introduced to support staff to feel safer at work.</p> <p>Michelle Fearon reported that initial feedback from staff indicates that they do feel safer following the introduction of a security presence on the wards.</p>	
<p>5) Mental Health Legislation (MHL) Q2 Performance Report (Q2)</p> <p>Liz Lightbown presented this report and highlighted the following key areas:</p> <p>Work is continuing to refine the report and the presentation of the data, information and performance monitoring arrangements for the safe and lawful practice in relation to the Mental Health Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards. It was noted that the report has been significantly improved by the introduction of a summary section.</p> <p>The Chair commented that the key issues for quarter 2 were outlined within the report and that more detail is needed around the actions taken to address the identified issues.</p> <p>Liz Lightbown commented that work has taken place recently around non-</p>	

rectifiable errors and the issue of tracking them, but assurance was given that as soon as an error is identified by the Head of Mental Health Legislation, immediate feedback is given to individuals and the services concerned and appropriate actions are taken.

Andrea Wilson confirmed that the Mental Health Legislation Committee has requested the establishment of a formal sub-group to address the operational aspects of consistent delivery of best practice in relation to Mental Health Legislation.

The sub-group will consist of Senior Operational Managers and Senior Clinicians, the Associate Director for Patient Safety and the Head of Mental Health Legislation. Terms of Reference are being drawn up and the first meeting of the new Group is expected to take place in February 2019. This Group will also report directly into Clinical Operations' Performance and Governance Meetings on a monthly basis.

The Chair thanked Liz Lightbown for the response to the Committee's previous request for more information in relation to CTO's.

A question was raised around gatekeeping arrangements, the way initial assessments are undertaken and the current status of the work on the Crisis Hub.

Michelle Fearon explained that there is still some segmentation in regard to the location of teams and on how they are operating as an intensive home based treatment service, 24 hours 7 days a week, which includes hosting the gate-keeping function.

The system is also being challenged by the increasing number of delayed transfers of care to low or medium or secure services. The delay in moving service users to more appropriate services is impacting on the system's ability to manage flow effectively. This can be up to 4 or 5 beds at times which is a significant proportion of the Trust's capacity.

Clinical Operations have mobilised a steering group with the CCG and Local Authority Commissioners to discuss delayed transfers of care which will start in January. Michelle noted that this will give mental health parity with physical health in terms of the approach to the management of delays.

Richard Mills queried what the impact might be on the Psychiatric Decisions Unit (PDU) due to open in February. He asked whether it might increase pressure further on the Trust, as opposed to on Sheffield Teaching Hospitals (STH), or whether it would divert the current volume of our work from Liaison Service to the PDU.

Michelle Fearon explained that the purpose of the PDU is to facilitate access to our services. It will primarily be Liaison and our Crisis Services that will use the PDU as an alternative to A&E to undertake a therapeutic assessment in a safe environment.

Only Liaison will be able to direct service users to the PDU initially as it will have a small staffing establishment available.

As the PDU develops over time, and in light of the amount of growing evidence on the experience nationally, it is envisaged that people will in due

<p>course access PDU directly and not go through A&E.</p> <p>The Chair noted that due to the current Mental Health Legislation being under review, and following discussions recently at CoG, it would be helpful for Non-Executive Directors to receive a briefing. Andrea Wilson confirmed that a briefing can be prepared. It was suggested that this may be brought to Board at a development session and/or as a report.</p> <p>The Committee was assured by this report.</p>	
<p>6) Safeguarding Adults Quarterly Performance Report (Q2)</p> <p>The report was received and reviewed by the Committee and the following points were highlighted within the report:</p> <p>This report is still a work in progress in terms of the collection of data, the understanding and interpretation of the data and answering the questions raised.</p> <p>Training is improving, positive feedback is being received on the content of the training and people are becoming more aware of the bespoke training available for particular teams and individuals.</p> <p>Safeguarding supervision for Safeguarding Managers has commenced and has been well received.</p> <p>Work is ongoing to encourage people and there is evidence that progress is being made.</p> <p>Jane Harriman noted that there is a connection to the CQC action plan in relation to supervision and that it should be reflected within the next report for consistency.</p> <p>The Committee was assured by this report.</p>	
<p>7) Safeguarding Children Quarterly Performance Report (Q2)</p> <p>The report was received and reviewed by the Committee and the following points were highlighted within the report:</p> <p>As with the safeguarding adults report, the report is still a work in progress in terms of the data collection, understanding and interpreting the data and answering the questions.</p> <p>Work is still ongoing to ensure the system is robust.</p> <p>Training and supervision has improved and is being well received.</p> <p>The Committee was assured by this report.</p>	
<p>8) Service User Engagement Group – Quarterly Assurance Report.</p> <p>Dr Mike Hunter provided an overview and the following points were highlighted within the report:</p> <p>The report reflects a few problems with the consistency of the gathering of</p>	

service user experience information. It is reliant on the presence of key staff to carry this out and there have been ongoing absences within the team that have affected data collection.

There are three main areas covered within the report:

- Friends and Family Test
- Quality of Experience Survey
- Care Opinion Stories

There has been a good response from the wider Quality Team and people from all resources to support to keep the process going while staff have been absent from the team.

Focus will be turned to more joint working with Clinical Operations to embed a more feedback focussed approach. Discussions have taken place at the Performance and Governance Meetings in support of this.

As a concern from a cultural aspect, we are more responsive where experience reported is not good and less responsive where experience of care has been really positive.

Care Opinion can potentially engage people as we were initially receiving stories as negative stories, and this was seen as criticism. Subsequently, we have started to have more positive stories and the Trust is linking with Nottinghamshire Trust to learn from them about their successful implementation of Care Opinion.

The chair commented that the separation within the report on experience and engagement was welcomed.

Due to many discussions around carers, the Carers Implementation Group has now been reconvened for next year. This Group will be providing quarterly updates to the Quality Assurance Committee and will be added to the forward planner.

An update to CoG members and Non-Executive Directors, in relation to where we are with the carers action plan, is required. It was suggested that pre-work was needed by a smaller group to prepare for a Board discussion about what the Trust's ambition for engagement of carers is, and what can realistically be delivered.

Due to the strong views of both Groups, service users' and carers' needs are to be dealt with separately at this moment in time. Moving forward, we will need to consider the governance around the Quality Assurance Committee's Terms of Reference and where carers' matters should sit within our governance processes. The Committee agreed to receive quarterly updates from the Carers Implementation Group, pending the discussion around its Governance.

In terms of the triangulation for understanding safer staffing, it was noted that work is ongoing to improve reporting on acuity, dependency and staff/patient experience in addition to the work around 'Making Safeguarding Personal'. The Trust has not yet achieved the objective around 'Making Safeguarding Personal' or our understanding of people's experience of being subject to

<p>safeguarding processes.</p> <p>The Committee was assured by this report.</p>	
<p>9) Quality Impact Assessment – Q2 Monitoring Report</p> <p>Liz Lightbown gave feedback on this report and highlighted the following key areas:</p> <p>Cost Improvement Plans (CIPs) were proposed, Quality Impact Assessments completed and presented to the Clinical Executive Scrutiny Panel (CESP) for consideration. These were approved.</p> <p>There is no change to either the corporate or the clinical QIAs forecasts for cost improvements.</p> <p>There were 8 clinical cost improvements that have been enacted at the beginning of the financial year but had not been received by the CESP. Dr Mike Hunter and Ms Liz Lightbown as the accountable Executives have scrutinised them and retrospectively recommended their approval to EDG. The recommendation was accepted by the Executive Directors Group.</p> <p>The Chair raised the concern that in a time where staffing is critical, the Trust is deleting posts as part of its CIP programme and asked whether the potential impact on the wider system had been fully considered. Michelle Fearon and Peter Bowie as the Operational Directors had attended the CESP and had given assurance that there had been no impact in quarters 1 and 2 and that this was fully considered prior to them supporting the development of each CIP.</p> <p>Dr Mike Hunter commented that maybe it would be helpful to articulate what the ‘red lines’ would look like around deleting patient facing clinical posts, especially in services where we know we are challenged.</p> <p>The Committee was assured by this report.</p>	
<p>10) Incident Management Quarterly Report (Q2)</p> <p>Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>This report is developing and is presented in an amended format for the first time. Dr Hunter noted that this is a step in the right direction and that the team will continue to revise the report. Any feedback from the Committee would be welcomed.</p> <p>In January 2019, across the organisation, we will have the first ‘Learning from Incidents Event’ which will take place on a quarterly basis.</p> <p>As a result of some concerns around interfaces and transitions, Clinical Operations have commissioned the Associate Clinical Directors from SPA and IAPT to come together and formulate a pathway that works for Sheffield. The CCG was asked for their support with this work.</p> <p>Richard Mills commented on the lack of reporting from community staff on abuse and racism, as this is seen as ‘low level’ and apparently tolerated by</p>	

our staff.

As a Board, this issue needs to be taken more seriously as the reporting mechanisms are not routinely picking this and people are experiencing significant abuse. This had been brought to Richard's attention following his attendance at the Working Together Conference recently.

Recognising the issue from the Working Together Conference, Liz Lightbown agreed to feed this in to a piece of work around Maple Ward, along with other focuses on issues related to staffing.

There is a specific issue around team level managers not signing off incident reports within their teams. Incident reports have been completed, but it is essential that managers have reviewed them and ensured that any immediate remedial actions have been taken. There is a significant backlog of unreviewed incidents in the system.

As incident reports come in centrally they are reviewed by Tania Baxter and her team so there is some assurance that the incidents have some level of review. It was noted that we must adopt a firm and robust approach with Team Managers to ensure that they are reviewing and signing off incidents in line with our policies and standards. It was noted that some of these incidents may relate to safeguarding.

Jane Harriman commented that there is work ongoing around the city on approaches for incident identification and the learning around the human factors model. This is becoming more popular and there is a focus on this locally and nationally. Jane noted that it would be beneficial to see how this could be utilised within the report and will discuss this with Andrea Wilson.

Andrea Wilson reiterated that the team would be happy to receive any detailed feedback on the report as it develops.

JH/AW

11) Service User Safety Group – Quarterly Assurance Report

Dr Mike Hunter gave feedback on this report and highlighted the following key areas:

The report provides a high level summary of the work that the Service User Safety Group has been doing.

The thematic content of it would be familiar as it cross-references to various other reports and conversations that have been had at this Committee.

Dr Mike Hunter drew the Committee's attention to the escalations at the end of the report which strongly triangulates with what we know from data, discussion at this Committee and the CQC inspection 'must' and 'should do' action plans.

The Group is still concerned that the Physical Health Policy is not progressing in line with the timetable and as an organisation we are significantly exposed in relation to our performance around all aspects of physical health monitoring. It also has concerns about safety glass across the Trust's inpatient sites.

The report shows that the Group is working well, as it is escalating issues that

<p>are credible and appropriate for escalation to the Committee.</p> <p>Dr Hunter noted that the Committee needs to consider its process to respond to the escalated issues.</p> <p>Brenda Rhule confirmed that the Physical Health Policy has been reviewed and amended and will be going to the Policy Governance Group in January 2019.</p> <p>Richard Mills requested that an update be brought to a future meeting in regards to the concerns around safety glass.</p> <p>The Chair noted that the Physical Health Policy has been reviewed and will be going to the January Policy Group. CMHTs are being discussed in detail as an agenda item at this meeting and that restrictive interventions are part of the CQC plan and updates on this work will be coming back to the Committee on a regular basis.</p> <p>The Committee was assured that there had been discussion and agreement of actions in relation to the issues escalated to it from the Service User Safety Group. An update to the issue of the safety glass will be done at the Service User Safety Group in January as they will remain sighted on the issue and report back to this Committee by way of quarterly reporting.</p>	<p>LL</p> <p>MH</p>
<p>12) Community Services Waiting Times Deep Dive</p> <p>Clive Clarke gave an overview and Michelle Fearon highlighted the key areas within a presentation to the Committee.</p> <p>Following the reconfiguration of CMHTs, access and waiting times within these services is an area that the Executive Directors Group has actively continued to look at.</p> <p>The presentation from Michelle Fearon set the context in relation to what some of the issues are and the actions that are being taken to address the issues that have been identified.</p> <p>It was agreed that the presentation will be circulated to Committee members, following the meeting. Michelle Fearon will send this to Marthie Farmer to circulate.</p> <p>The Chair summarised that as a Committee, we are assured in terms of the detail and actions that have been taken in relation to SPA.</p>	<p>MicF / MF</p>
<p>13) CQC Should Do Action Plans</p> <p>Liz Lightbown gave feedback on this report and highlighted the following key areas:</p> <p>There are 39 'should do' actions in total</p> <p>Actions have all been signed off by the Executive Directors Group in November 2018 and there is strong correlation between 'should do's' and 'must do's' across the clinical areas.</p>	

<p>Particular focus was given on Safer Care and our capacity to really understand the importance of policies and procedures in how we act, practise, audit and monitor.</p> <p>The same governance processes are being followed for 'should do's' as for the 'must do's' to ensure action plans are delivered.</p> <p>The Chair asked if it would be possible to combine a report in the future on CQC that includes 'must do's' and 'should do's' and that it is not reported separately.</p> <p>Colleagues from Quality and Clinical Operations have worked very closely to combine everything into one master action plan and will update the Committee on achievements against both the 'must' and 'should do's'.</p> <p>Whilst members were satisfied progress was being made, assurance is required on how this was being tested. Some issues were of a complex and high level nature and further feedback and assurance will be required.</p>	
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General Governance Arrangements	
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<p>14) Complaints Management Quarterly Assurance Report (Q2)</p> <p>Dr Mike Hunter advised that as there is no report available for this Committee, the Executive Directors Group has requested Andrea Wilson to do some work with colleagues in Operations to produce a report for the Committee in January 2019.</p> <p>The Chair suggested that due to the quarter 3 report being due in February, a composite report covering quarters 2 and 3 be prepared for the February meeting. This would give more time for the information to be collated to provide a report.</p> <p>Prioritisation needs to be given to the outstanding Litigation Report as it is needed for internal audit and assurance processes.</p> <p>The Committee is not assured around complaints but has agreed a way forward that should provide a revised report, better suited to the Committee's needs. The Committee also requires the Litigation Report to be prioritised.</p>	
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<p>15) Alignment of CQC to Corporate Risk Register (CRR) and Board Assurance Framework (BAF)</p> <p>'Should do' actions were cross-referenced and linked across to the Corporate Risk Register (CRR) and Board Assurance Framework(BAF)</p> <p>This demonstrated that the systems were largely aligned and that management processes had recognised and escalated relevant issues.</p> <p>There are two further actions required:</p> <ul style="list-style-type: none"> • Incorporating the 'should do's' • Updating the 'must' and 'should do's' and referencing the risks to which they are aligned too. When actions are completed, this should also mitigate/potentially reduce the associated risk. The importance of ensuring the relevant systems are updated and, where appropriate, 	
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<p>risks are closed, in a systematic way needs to be emphasised.</p> <p>There is a need to ensure that the CQC identified areas for improvement are reflected in next year's priorities and that these are linked into the ongoing work of reviewing the Trust's BAF.</p> <p>The Chair commented that this had been a very useful piece of work and the Committee agreed and noted that further work needs to be done.</p>	
<p>Efficient and effective use of resource through evidence based clinical practise</p>	
<p>16) Clinical Effectiveness Group – Quarterly Assurance Report</p> <p>Dr Mike Hunter gave feedback on this report.</p> <p>Dr Hunter informed the Committee that he planned to work with the Director of Quality and Director of Operations and Transformation to further embed clinical and safety outcomes within clinical services.</p>	
<p>17) Eliminating Mixed Sex Accommodation (EMSA) – Quarterly Assurance Report.</p> <p>Clive Clarke gave feedback on this report.</p> <p>It was noted that no concerns were identified during the recent CQC inspection in relation to EMSA. The CQC considered us to be compliant and noted that we continue to monitor our position in relation to the guidance. Any shortfalls that have been seen in our reporting and assurance within the organisation are detailed within the report.</p> <p>Mr Clarke noted that this is still on the risk register as an issue but has been deescalated.</p> <p>Dr Mike Hunter commented that there will be more work done around sexual safety at a national level over the next 12 months. Although the risk has been de-escalated from a point of view on the technical action of compliance, there is much more interest in the broader issue of sexual safety.</p> <p>Andrea Wilson informed the Committee that she is leading on some work to scope out the Trust's position in relation to the 'Sexual Safety on Mental Health Wards' report published recently by the CQC. A task and finish group is in place. Three meetings have been arranged to discuss and consider the 6 recommendations (2 at each meeting). A report will then be prepared for consideration at EDG with recommendations for action that the Trust needs to take.</p>	
<p>Evaluation / Forward Planner</p>	
<p>11) 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 February:</p> <p>Safety Dashboard</p> <p>The Committee received and discussed the Safety Dashboard and wishes to alert the Board that the Committee will continue to monitor assaults and restraints, as these are considered to be high risk areas.</p>	

Mental Health Legislation (MHL) Q2 Performance Report (Q2)

The Committee received and comprehensively discussed the report. The Committee proposes that the current review of Mental Health Legislation could be included as an item at a future Board development session.

Service User Engagement Group – Quarterly Assurance Report

The Committee received and discussed the Service User Engagement Group Quarterly Assurance Report in detail. The Committee would bring to the Board's attention that their Terms of Reference will be amended to reflect that the Committee will receive quarterly reports from the Carers Implementation Group, which has now been reconvened as currently the Group is not formerly constituted through the Trust's governance processes.

Quality Impact Assessment – Q2 Monitoring Report

The Committee would inform the Board that it has noted the retrospective agreement of the QIA's.

Service User Safety Group – Quarterly Assurance Report

The Committee received and discussed the Service User Safety Group Quarterly Assurance Report and noted that there were four areas escalated to the Committee. The Committee was assured that these had been discussed in detail and that processes were in place to manage and address each of them. Issues escalated will continue to be monitored by the Committee and included on the action log/work plan for the Committee as appropriate.

Community Services Waiting Times Deep Dive

The Committee would inform the Board that they received a very positive report and that the Committee was assured on the detailed actions being taken to address the challenges that the Trust is facing.

CQC Should Do Action Plans

The Committee would inform the Board that they were assured that all 'should do' actions have been addressed as part of the overall CQC plan and that a process of reporting the actions to the Quality Assurance Committee had been agreed.

Complaints Management Quarterly Assurance Report (Q2)

The Committee would inform the Board whilst a report was not received, agreement on a way forward was reached and the quarter 2 and quarter 3 reports will be brought to the Committee in February 2019.

Alignment of CQC to Corporate Risk Register (CRR) and Board Assurance Framework (BAF)

The Committee would inform the Board that the Committee has reviewed the Board Assurance Framework and Corporate Risk Register in line with the CQC outcomes and will it be further amended in relation to the 'should do' actions.

CLOSE

Date and time of the next meeting

**Monday 28th January 2019 at 1.00 pm– 3:00pm
Rivelin Boardroom, Tudor Building, Fulwood**

Apologies to PA to Medical Director