

## BOARD OF DIRECTORS MEETING (Open)

Date: 08<sup>th</sup> May 2019

Item Ref: 15C ii

<b>TITLE OF PAPER</b>	Quality Assurance Committee Summary Report to the Board of Directors in respect of Significant Issues
<b>TO BE PRESENTED BY</b>	Ms Sandie Keene, Chair, Quality Assurance Committee Non-Executive Director
<b>ACTION REQUIRED</b>	For assurance
<b>OUTCOME</b>	To report items of significance discussed at the Quality Assurance Committee on 29th April 2019
<b>TIMETABLE FOR DECISION</b>	To be discussed at May's Board of Directors meeting.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Minutes of the Committee
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION+</b>	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
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Timely Reporting to the Board of Directors
<b>CONSIDERATION OF LEGAL ISSUES</b>	None identified

<b>Author of Report</b>	Sandie Keene
<b>Designation</b>	Chair, Quality Assurance Committee (Non-Executive Director)
<b>Date of Report</b>	April 2019

## SUMMARY REPORT

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**Report to:** Board of Directors

**Date:** 08<sup>th</sup> May 2019

**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

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### 1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 29<sup>th</sup> April 2019.

### 2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 29<sup>th</sup> April 2019 in July 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:

#### **Service User Governor Representative**

The Quality Assurance Committee (QAC) would like to notify the Board of Directors that the Committee discussed the suggestion for a Service User to be a representative on the Committee and that the Governors will be approached in this regard.

#### **Safety Dashboard**

The Committee received and discussed this report and noted the recent decline in numbers of incidents being reported. The Committee recommended to the Executive Directors Group that they consider the Trust's incident reporting mechanisms to ensure they are user-friendly and encourage staff's completion of incidents.

#### **Staff Survey – 2018 Results**

The Committee received and discussed the results of the national staff survey in respect of quality and safety and expects that the Workforce Committee will be developing the action plan and taking the lead. However the Committee would like to advise the Board they have requested from the Workforce Committee regular reports on quality initiatives, once the action plan has been completed and on how progress is being made.

### **Corporate Risk Register (CRR) Aligned Risks**

The Committee received and discussed the Register and noted the addition of the Medicines Management 360 Assurance Audit Report follow ups as well as the Care Quality Commission's (CQC) Well led Inspection Action Plan to the Corporate Risk Register. This will enable the Quality Assurance Committee to keep abreast of the progress to ensure that the Trust is not getting behind on the issues and that we are achieving the goals we want to achieve.

### **CQC Well-led Inspection Action Plan Update**

The Committee would further like to advise the Board of Directors on four areas of concern to the progress of the CQC action plan:

- The Forest Close Seclusion Room
- The Single Point of Access Telephone System
- The Outstanding IT Supervision Form and Issues
- Policy Reviews

### **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 25<sup>th</sup> March 2019 at 1.00pm in Conference Suite, Fulwood, Tower 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. Laura Serrant     | Non-Executive Director (LS)                                      |
| 5. Clive Clarke      | Deputy Chief Executive/Director of Operations (CC)               |
| 6. Margaret Saunders | Director of Corporate Governance (Board Secretary) (MS)          |
| 7. Liz Lightbown     | Executive Director of Nursing, Professions & Care Standards (LL) |
| 8. Jonathan Mitchell | Associate Medical Director for Quality (JM)                      |
| 9. Michelle Fearon   | Director of Operations & Transformation (MicF)                   |
| 10. Andrea Wilson    | Director of Quality (AW )  |
| 11. Tania Baxter     | Head of Clinical Governance (TB)                                 |
| 12. Maggie Sherlock  | NHS Sheffield CCG  |
| 13. Marthie Farmer   | PA to Medical Director (Notes) (MF)                              |

## Apologies:

- |                   |  |
|-------------------|--|
| 14. Jane Harriman | Deputy Chief Nurse, NHS Sheffield CCG (JH) |
| 15. Brenda Rhule  | Deputy Chief Nurse (BR)                    |

Minute	Item	Lead
	<p><b>Welcome &amp; Apologies</b></p> <p>The Chair welcomed everyone to the meeting and noted the apologies.</p>	
1)	<p><b>Declarations of Interest</b></p> <p>There were no new declarations of interest.</p>	
2)	<p><b>Minutes of the meeting held on 25<sup>th</sup> February 2019</b></p> <p>The minutes of the meeting held on 25<sup>th</sup> February were agreed as an accurate record, following minor amendments to page 2, 5,6,7,8 and 9.</p>	

## **Matters Arising & Action Log**

### Matters Arising:

#### **7) Safeguarding Adults Q3 Quarterly Performance Report**

Liz Lightbown confirmed that the team has been to the Safeguarding Adult Annual Report Customer Forum Interviews.

### 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 by Dr Mike Hunter:

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.

Clinical Services continue to be challenged by the number of challenging presentations from service users.

Dr Hunter noted that we on the sixth consecutive month of below average numbers of assaults on service users to staff and on the fourth consecutive month of below average of assaults on service users to service users.

Following the discussion at the Quality Assurance Committee in February 2019, racial abuse of staff has been incorporated into the dashboard. This will be revised in the coming months, following further discussions on the information required and how this could be presented.

#### **5) Service User Safety Group – Quarterly Assurance Report**

Dr Mike Hunter presented this report and highlighted the following key areas:

The Group received Care Network assurance during each meeting this quarter with the primary focus being on escalated concerns around safety and each of the two Networks discussing their top 3 risks and any mitigating or remedial action being taken in respect of these. The main themes identified across both Networks were related to:

- IT systems continuity
- Estates issues and their impact on service delivery
- Recruitment and retention / Staffing levels

In comparison to 12 months ago the meeting is less about receiving information but is much more about connections taking place between operations and quality along with the rest of the organisation to address issues affecting the delivery of care and in future the report would reflect this.

Dr Hunter highlighted the safety glass issue across the organisation. This had been escalated by the Committee at its January 2019 meeting; An update had

been requested from the Service User Safety Group on the progress of this via its quarterly report. Estates have completed surveys and are mapping where there is safety glass and not to inform plans for replacement.

The Chair supported that an action point will be taken from Quality Assurance Committee to ask for specific assurance from Estates or via the Finance, Information & Performance Committee in relation to what specific actions have been taken to address this.

A specific risk assessed plan is needed to include commencement, timescales for completion and plans to safely manage the environment whilst the work is taking place. Further clarity is needed on how organisational assurance can be provided in the overlapping area between patient safety and health and safety at work from the Executive team.

Michelle Fearon informed the Committee that an Operational Group has been commissioned by herself and Dr Bowie to work more closely with Estates on areas of concern, and to develop stronger working relationships in managing our clinical environments. This Group feeds into the Executive Directors Group and has clear ownership from the Director of Estates, Andrea Wilson and Michelle Fearon to triangulate a shared sense of purpose around this work. The Executive Directors Group will receive monthly update on the progress of the Estates Group and receive any escalated issues as part of the monthly Clinical Operations report.

As part of the Health and Safety Executive visit we plan to complete an environmental assessment from a staff perspective in all inpatient areas. The completed assessments will be on the shared drive and will support the bringing together of staff and service user safety issues.

The Committee was assured by this report.

**6) Service User Engagement Group – Quarterly Report**

Dr Mike Hunter presented this report and highlighted the following key areas:

Concerns were raised with regards to the length of the report with a lot of analysis on fairly minimal underlying substance as the numbers of people responding are very low.

The action plan looks on track but the question of effectiveness needs to be raised as despite the action plan, numbers are not significantly increasing.

Dr Mike Hunter noted that this was a challenge to himself and to the Quality Team to ensure improvements to the report to provide the necessary assurance.

The Chair commented that the action plan needs to include a clear action to change the culture and to work with every area of service delivery in the organisation to improve the numbers and quality of experience data we are receiving.

The in depth analysis can come after the numbers have increased and we can identify themes and trends.

The Board discussed Care Opinion at the Council of Governors meeting, and

<p>a discussion took place about whether it would be useful to spend some more time on this and have the item back to a future Board meeting to seek assurance about an improvement in uptake.</p> <p>The Quality Assurance Committee will receive a presentation following the visit to Boston, at their meeting in May 2019.</p> <p>The Chair commented that although lots of work has gone into producing the report with very granular information from individuals, we are not actually achieving what is needed. We need to ensure that the Service User Engagement Group is fully supported by the organisation to achieve what they need.</p>	<b>MicF</b>
<p><b>7) Incident Management Quarterly Report (Q3)</b> The report was received and reviewed by the Committee.</p> <p>Dr Mike Hunter highlighted the Structured Judgement Review of a service user that died having been lost within a gap between the Single Point of Access and IAPT Services. Whilst there was no suggestion within the review that it contributed to the individuals' death, it is still the case that in the months prior to his death he received sub-optimal care because of falling into the gap.</p> <p>More clarity internally and with regards to the whole system is still being sought around how we support people with their individual Mental Health needs within the varying degrees of mental health intervention available to them. This includes support from their GP, sessions at IAPT and the question of the wider offer available within Primary Care.</p> <p>Discussions are ongoing with the CCG on what Primary Care Mental Health services should be able to offer and specifically what sort of workforce is needed to fill the current gap.</p> <p>Dr Hunter noted that the vast majority of incidents reported are low or no harm incidents.</p> <p>The National Reporting and Learning System (NRLS) do look at the numbers of incidents we report are we are rated amongst the organisations that are least likely to under report incidents. This is a positive rating for the Trust.</p> <p>The Chair highlighted the ongoing issue of backlog of outstanding incidents awaiting sign off by managers. She noted that the Committee required more assurance is needed around the time scales for the signing off of the outstanding incident reviews by managers, and a plan to address the backlog as this is causing a gap on the governance assurance at the Quality Assurance Committee.</p> <p>The Chair queried how the Trust deals with the NRLS data and the questions that are included in the NRLS report. Tania Baxter explained more around NRLS data and that the data is important as it enables us to benchmark against other Trusts.</p> <p>The Chair raised her concerns around lessons learnt across the organisation. Andrea Wilson explained that a sub group of the Service User Safety Group had been commissioned to review this across the Trust as our current</p>	

	<p>methods were not always effective. In addition, quarterly 'Learning for Safety' events are now in place. The first one had evaluated very well and had heard presentations from clinical teams about their experiences of both positive and negative incidents, what they had learned from this and how it had changed their practice. The next event is scheduled for the 24<sup>th</sup> April and will again feature presentations from frontline clinicians.</p> <p>The Chair felt that this provided more assurance and was supportive of the work being undertaken.</p> <p>The Committee was assured by this report.</p>	
<p><b>8)</b></p>	<p><b>Quality Impact Assessments (QIA) of 18/19 Cost Improvement Plans (CIP) Quarter 3 (Q3) Monitoring Report</b></p> <p>The report was presented by Liz Lightbown which was received and reviewed by the Committee and the following points were highlighted within the report:</p> <p>The report is the Quarter 3 Monitoring Report for Corporate and all Care Network Cost Improvement Plans for Quality Impact Assessments.</p> <p>This report was received and approved at EDG on 28th February and is here for QAC's information and assurance.</p> <p>There were no reported changes to the risk ratings /impact on quality of the Cost Improvement Plans during Q3.</p> <p>The Committee was assured by this report.</p>	
<p><b>9)</b></p>	<p><b>Quality Report 2018/19 – and Quality Objectives 2019/20</b></p> <p>Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>The Quality Report arrangements will be taken through the required processes for approval and signing off, and is on track to meet regulatory timescales.</p> <p>The Quality and Safety Objectives (as part of the Operational Plan document) report was received for information by the Committee. Further discussions are taking place between Clinical Operations and the Director of Strategy and Planning to finalise the detail of baselines and methodologies for measurement with support from the Quality Team. This will be brought back to Quality Assurance Committee as the detail is worked out and agreed.</p>	
<p><b>10)</b></p>	<p><b>Position Statement Corporate Affairs Outstanding Areas of Work (FastTrack Forms &amp; Compliments)</b></p> <p>Margaret Saunders gave feedback on the Position Statement Corporate Affairs Outstanding Areas of Work and highlighted the following key areas:</p> <p>Continuous improved progress has been made to address the backlog of the 364 Fastrack Form complaints. 193 have been allocated for investigation with a completion timescale of 31 March 2019 with 27 having been completed and closed. 144 are awaiting allocation but have been considered at a low priority level.</p> <p>A completion timescale for these has been set for 30 April 2019.</p> <p>Michelle Fearon alerted the Committee to the impact that this has had on</p>	

<p>individuals in the Patient Safety Team, and within clinical teams as they have been asked to respond to a considerable number of fastracks at the same time and has asked that this Committee be supportive of colleagues to progress to closure over a reasonable timescale and with consideration to the existing workload of individuals.</p> <p>Margaret Saunders responded that there has been a Trust wide response to addressing this and are they continuing to work very closely with colleagues going forward.</p> <p>The Quality Directorate, Patient Safety Team and Corporate Affairs have commenced work to look at integrating the Trust’s systems so that the processes are streamlined, transparent, current and accessible to all areas of the Trust. This should reduce the chances of a recurrence.</p> <p>The development of Standard Operating Procedures in an area of priority and a microsystems approach will be adopted to support development.</p> <p>The Committee has requested a report back on how the situation occurred and lessons to be learned. This will require an appropriate level of scrutiny to give assurance to the Committee going forward.</p> <p>The Committee acknowledges that there has been a triage process and that the most important things have been dealt with. They also acknowledge that operational balance must be able to be maintained. The Committee would like to thank all staff who have contributed to resolving the issue are for getting us to an improved position.</p> <p>Clive Clarke suggested that a briefing note is provided to the Chair on the progress being made between meetings</p> <p>The Committee will receive an investigation at the June 2019 meeting.</p> <p>The Committee would like to assure the Board of Directors that an action plan is in place to address the backlogs and issues occurred.</p> <p>The Committee was assured with the information provided on the FastTrack outcomes.</p>	<p><b>MicF</b></p> <p><b>MS</b></p>
<p><b>11) Quality Assurance Committee Terms of Reference Update</b>  The Committee received and reviewed the updated Terms of Reference.</p> <p>The Chair requested that an extra line be added to the Terms of Reference on Quality and Safety:</p> <p>“The responsibility of the Committee is to ensure that robust systems are in place to ensure patient safety.”</p> <p>Laura Serrant highlighted on page 2 under General Governance Arrangements that point ii needs to be reviewed to read:</p> <p>(ii) review and recommend for approval by the Board of Directors  Trust-wide clinical governance priorities</p> <p>Section 6 Attendees to be amended with adding alongside Director of Quality, Director of Operations and Transformations attending</p>	

<p>The Committee has agreed that further improvements could be made and thanked Liz Lightbown for her offer to help Margaret Saunders to review the Terms of Reference. The revised Terms of Reference will be expected back at a future Quality Assurance Committee meeting for consideration and approval.</p>	<p><b>LL/MS</b></p>
<p><b>General Governance Arrangements</b></p>	
<p><b>12) Quality Assurance Committee Annual Report 2018/19</b>          Andrea Wilson gave feedback on this report and highlighted the following key areas:</p> <p>The Annual Report summarises the activities of the Quality Assurance Committee for the financial year 2018/19 setting out how it has met its terms of reference and key priorities.</p> <p>The Quality Assurance Committee has delivered the responsibilities as set out in its Terms of Reference, attendance at meetings has been good, and we can be assured that the Committee has fulfilled its purpose.</p> <p>Andrea Wilson will add reference to KPI's to the report in terms of where KPI's were monitored by the Committee. In addition, the responsibilities enacted by taken by the Committee in respect of requesting and overseeing the delivery of remedial action plans where required.</p> <p>The report was approved subject to the above amendments and the Committee agreed that the report can be taken forward.</p>	<p><b>AW</b></p>
<p><b>Efficient and effective use of resource through evidence based clinical practise</b></p>	
<p><b>13) Clinical Audit Programme 2019/20</b>          Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>The proposed 2019/20 programme is a list that has been derived from a number of sources including areas requested by the CCG would like us to do and those that we are required to do nationally.</p> <p>This is a good audit plan for the 2019/20 year that covers the key areas we need to consider. It was noted that any additional areas of interest to the Committee over the coming year will be addressed and measured in addition to the formal audits proposed.</p> <p>The Committee was assured by this report and agreed the proposed Clinical Audit Programme</p>	
<p><b>14) Eliminating Mixed Sex Accommodation – Quarterly Assurance Report</b>          Clive Clarke gave feedback on this report and highlighted the following key areas.</p> <p>This report covers two areas:</p> <ul style="list-style-type: none"> <li>• EMSA              During this quarter there have been no reportable EMSA breaches.</li> <li>• Sexual Safety              There were 26 incidents related to sexual safety reported in this</li> </ul>	

	<p>quarter of which 17 occurred on the Acute wards, Stanage, Burbage and Maple.</p> <p>A number of actions are being taken to support and train staff to reduce amounts of sexual incidents.</p> <p>This will continue to be monitored.</p> <p>The Chair commented that it is positive that this has now become part of routine reporting and will the Committee continue to monitor this</p> <p>The Committee was assured by this report</p>	
<p><b>15</b></p>	<p><b>AOB - Risks Assigned to the Quality Assurance Committee following Board Review of the 2018/19 BAF and its consideration of risks for the 2019/20 BAF on 28/2/19 and 20/3/19</b></p> <p>Dr Mike Hunter provided feedback and highlighted the following key areas:</p> <p>This report follows on discussion at Board and the Board Development around the refresh of the Board Assurance framework for 2019/20.</p> <p>This will be updating the BAF Risks against the strategic objectives, of which most are the revision of existing risks.</p> <p>Dr Mike Hunter drew the Committees attention to the new risks A103 and A104. A report will be tabled at a future meeting of the Quality Assurance Committee for a more in depth discussion.</p> <p>Richard Mills suggested that wording of A103 be changed to: "Failure to systematically and adequately measure service user experience and outcomes." The Committee agreed the change.</p> <p>Dr Mike Hunter suggested that the wording of A104 be changed to; "Failure to ensure timely access to services according to defined standards." The Committee agreed the change.</p> <p>Laura Serrant queried if A102iii is also a new risk. Dr Mike Hunter commented that after a debate it was decided that due to particular challenges within patient environments we have now identified A102iii as a risk.</p> <p>The Chair commented that these are BAF risks which are our most serious and strategic risks for the organisation and during the 2019/20 year the Committee will have a responsibility to monitor and ensure that the mitigations are highlighted and undertaken.</p>	
<p><b>Evaluation / Forward Planner</b></p>		
	<p><b>Confirmation of Significant Issues to Report to the Board of Directors</b></p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board in April:</p> <p><b>Service User Safety Group – Quarterly Assurance Report</b> The Quality Assurance Committee (QAC) received and discussed the Service</p>	

User Safety Group report and requested further assurance around safety glass, in respect of the actions taken and the plan developed based on the risks assessed and associated timescales from Estates and Finance.

The Committee further requested that the Executive Directors Group provide assurance around the link between the Service User Safety Group and the Health and Safety Group action plans and the co-ordination thereof.

The Committee discussed IT developments and project management risks in specific relation to quality and safety and requested that these be brought back to QAC for assurance as implementation occurs.

**Service User Engagement and Experience - Quarterly Assurance Report**

The Quality Assurance Committee received and discussed this report and would like to notify the Board of Directors that the Committee will receive a report on safety, following the visit to Boston, at their meeting in May 2019.

**Incident Management Performance Quarterly Report**

The Committee received and discussed the quarter 3 report on the Trust's Incident Management Performance and wishes to alert the Board of Directors that the Committee has noted the need for assurance on the timescales to address the backlogs of incidents that have not been reviewed.

**Position Statement Corporate Affairs Outstanding Areas of Work (FastTrack Forms and Compliments)**

The Committee received and discussed the report on the Position Statement Corporate Affairs Outstanding Areas of Work (FastTrack Forms and Compliments) and would like to assure the Board of Directors that an action plan is in place to address the backlogs and issues occurred. The Committee was assured with the information provided on the FastTrack outcomes.

**Risks Assigned to the Quality Assurance Committee from the 2018/19 BAF and its Consideration of Risks for the 2019/20 BAF**

The Committee received and reviewed the Quality Assurance Committee's BAF priorities and have agreed in principal to what they should be for the 2019/20 year.

**CLOSE**

**Date and time of the next meeting**

**Monday 29<sup>th</sup> April 2019 at 1.00 pm– 3:00pm  
Rivelin Boardroom, Tudor Building, Fulwood**

*Apologies to PA to Medical Director*