

# 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 Tuesday 24<sup>th</sup> June 2019 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. Margaret Saunders | Director of Corporate Governance (Board Secretary) (MS)          |
| 7. Jane Harriman     | Deputy Chief Nurse, NHS Sheffield CCG (JH)                       |
| 8. Andrea Wilson     | Director of Quality (AW)   |
| 9. Jonathan Mitchell | Associate Medical Director for Quality (JM)                      |
| 10. Michelle Fearon  | Director of Operations & Transformation (MicF)                   |
| 11. Tania Baxter     | Head of Clinical Governance (TB)                                 |
| 12. Marthie Farmer   | PA to Medical Director (Notes) (MF)                              |

## Apologies:

- |                   |                             |
|-------------------|-----------------------------|
| 13. Laura Serrant | Non-Executive Director (LS) |
| 14. 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 27<sup>th</sup> May 2019</b></p> <p>The minutes of the meeting held on 27<sup>th</sup> May were agreed as an accurate record.</p>	
3)	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>Action Log:</u></p> <p>Members reviewed and updated the action log accordingly.</p>	

<p><b>Welcome &amp; Apologies</b></p> <p>The Chair commented that where the meeting falls within the week of a Bank Holiday we need to review whether we have a meeting, because without key people attending the meeting there is limited effectiveness. She requested that Andrea Wilson and Tania Baxter consult with Dr Mike Hunter on this issue.</p> <p><b>4) Infection Prevention and Control (IPC) Quarter 4 Performance Report</b></p> <p>The Chair requested that more detail around the annual mattress audit with regards to whether the mattresses audited were in use or in storage would be useful to give a better understanding of the issue. This should be added to the action log.</p>	<b>TB/MF</b>
<b>Safety and Excellence in Patient Care</b>	
<p><b>4) Safety Dashboard</b></p> <p>The safety dashboard was received for noting and the following key areas were highlighted by Dr Mike Hunter.</p> <p>Dr Mike Hunter drew the attention of the Committee to the continued decrease in all incidents and in particularly to assault on Service Users which has appears to have significantly reduced. He suggested that more narrative is needed around levels of reporting and the consistency of reporting as the report suggests that the acute wards had no incidents of assaults on patients recorded for the month. Dr Hunter noted that we should continue to monitor this for evidence of a statistically significant shift and ensure that we acknowledge the work of our staff and the positive clinical practices on the wards in trying to reduce incidents of assault.</p> <p>Michelle Fearon suggested that a post meeting note is provided to the Chair with regards to the assaults on service users. This was agreed by the Committee.</p> <p>Dr Mike Hunter drew the attention of the Committee to falls which is outside of the control limits and showing an unusually high number of falls in this month. The Service User Safety Group (SUSG) has tasked the Falls Lead with checking the figures and will update the Committee via the next quarterly assurance report of any cause for concern. It is likely that this pertains to a small number of individuals sustaining multiple falls</p> <p>The Committee recognised that further work has been commissioned by SUSG to ascertain whether there is cause for concern.</p>	<b>MicF</b>
<p><b>5) Incident Management Quarterly Assurance Report</b></p> <p>Dr Mike Hunter presented this report and highlighted the following key areas;</p> <p>There has been a trend reduction in all incidents. Dr Hunter noted that work may be needed to help staff better understand what constitutes a 'near miss' as some relatively minor incidents have been classified as near misses. The Trust has improved its reporting of medicines incidents.</p> <p>Dr Mike Hunter commented that the appendix does now have more clinical</p>	

detail within it and is found to be helpful.

Dr Mike Hunter commented that the Trust has been asked to participate in a national driven quality improvement programme around sexual safety on wards and that initial discussions about how this could be facilitated were taking place with Clinical Operations.

The Chair queried a section in the report that referred to the re -issuing of sexual safety standards in the Trust. Andrea Wilson explained that a Task and Finish Group had been working on assessing how the Trust compared to the recommendations of a CQC report into Sexual Safety on Mental Health wards that was published in October 2018. This work was now complete.

As part of this work, and pending any national standards being agreed, the group had drafted an information leaflet for people admitted to our Wards containing the Trusts view of sexual safety standards and also the help and support people should expect from us. Andrea Wilson believed that this is what the report was referring to. The findings of the Group would go to EDG. The Chair commented that the Committee can be assured that there is and continues to be work going forward on the issue of sexual safety. By better understanding the issue and issuing our core standards this work will continue to develop.

The Committee was assured by this report.

**6) Service User Safety Group – Annual Effectiveness Review**

Dr Mike Hunter presented this report.

This is a Governance Report to report on the work done by the Service User Safety Group. The Group has met its terms of reference and agreed scope of work.

The Committee was assured by this report.

**7) Service User Engagement Group – Quarterly Assurance Report Q4**

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

This is an evolving report and what the report illuminates is the challenge of impacting on the low numbers of service user’s experience being captured be it via care opinion, quality of care survey or the friends and family test.

There has been more transparency and the numbers have shifted slightly in the right direction. The Trust’s behavioural response, in particular in responding to Care Opinion Stories in a more timely manner has also improved.

This still remains an area for improvement but it remains a good report and is allowing us to see more clearly where the gaps and challenges are.

Dr Mike Hunter further highlighted an anomaly in the Friends and Family test data within the report. It is usual for around 98% of respondents to say that they would recommend this service to friends and family however he noted that the results for the Single Point of Access (SPA) were particularly low, with

a 51% recommend rate and a 13% that would not recommend rate.

The Chair questioned if there was any report being prepared that was coming to Board to enable this Committee to be assured that we are continuing to monitor the experience and care at SPA.

Michelle Fearon explained that a bid was submitted to NHS England which will look to remodel the way in which people would access crisis care, crisis assessments and crisis resolution in the city and this would include access to SPA.

A meeting with SPA staff is scheduled for the 2<sup>nd</sup> of July, which Clive Clarke and Michelle will be attending. In addition, the on-going review being undertaken by Professor Scott Weich around the recent changes to services will encompass work with the SPA. Clive Clarke will meet with Dr Mike Hunter to determine when the outcome of the review will be available, and how this how it will be fed back to this Committee.

The Chair commented that this Committee would like to send a really strong message of support and thanks back to the Experience and Engagement Team for the work being done and that is has enabled this Committee to have a useful discussion today on service user experience.

The Chair noted that the Committee will continue to monitor progress and asked whether there was a named Lead for Experience and Engagement within Clinical Operations. She noted that it is essential for feedback on service user experience to be a priority for all our services.

Michelle Fearon confirmed that the named Lead for Experience and Engagement is Mark Parker, Deputy Director.

Michelle Fearon recommended that the paper is also taken to the Clinical Operations meeting to address the issues and pull together actions in response.

The Committee was assured by this report.

CC

**8) Maple SI Report**

The Maple SI Report was received for noting and the following key areas were highlighted by Dr Mike Hunter:

This is a very sad report about the death of a young man on Maple Ward last autumn. He was acutely unwell, experiencing an acute psychotic episode. He did not have any previous mental health problems before, but presented in crisis and was admitted to Maple Ward.

This is a detailed and sensitive report but does address the challenging issues the Trust has in relation to some of its systems and processes.

This incident impacted not only the family but has had a significant impact on our workforce too.

A Clinical Operations and Estates meeting has been established to steer the remedial work required in the Maple Ward garden and provide the assurance

that we are working to reduce the risk of a similar incident happening again. We will be involving the family in our discussions and will be showing the family the work that will be done as part of supporting them in coming to terms with the tragic incident.

A strong lead has been taken to review not only the garden area at Maple Ward but across all the acute sites. Agreement and support from the Executive Directors has been secured to ensure that we will do work within the garden areas despite the extensive development work that the ACR programme will bring. Any identified risk posed by any external environment has been mitigated as far as possible and we will continue to assess and take steps to reduce the risk.

Michelle Fearon assured the Committee that lessons have been learnt from this incident in terms of the understanding and ownership of the processes that need to be in place across the organisation. We need to ensure that we are on top of our health and safety systems and processes and that we will continue to review it as an organisational ownership issue by hearing and understanding the seriousness of this incident.

The Chair queried how we were addressing the health and safety matters identified in the report, particularly in relation to risk assessment of buildings and outdoor spaces and a governance process that will mean that we can respond quickly when things are identified in the future.

Andrea Wilson and Clive Clarke responded that it is in development and although we do not have the system in place now, the action plan is clear about how we should go forward. Andrea Wilson commented that there were 3 things that had been agreed:

- An immediate risk assessment with a three man party with Health and Safety, Estates and a Clinical representative to reassess all the garden areas around the wards. These assessments to be clearly documented by the Health and Safety team.
- A review of the Health and Safety training programme for all staff with recommendations on our requirements to be made to the Health and Safety Committee.
- To ensure we have systems in place that provide a robust system of annual environmental risk assessments, action plans and timely responses to identified risks. This should include a clear understanding of the roles, responsibilities and accountability of everyone involved in the process.

The Chair commented that for this Committee to assure the Board we need to have a 100% robust narrative for the Coroner and need to be able to assure ourselves for the future that we know that everything that needs to be done is being done. We cannot be uncertain about an accountability framework as we are then unable to provide any assurance.

The Chair commented that in the notes the Committee would like to notify the Board of Directors that the Committee discussed the Maple Ward Serious Incident Report and was assured by the Operational Response to this very sad and tragic circumstance. The Committee further would like to alert the Board that the Committee was not fully assured on the accountabilities in relation to the Health and Safety matters and that Clive Clarke has agreed to

follow up on this and report back to the Board of Directors on the findings.

The Committee supports Michelle Fearon in progressing and in starting the remedial works in the garden as quickly as possible for completion around September.

**9) Visit to Boston Presentation (Learning from the Institute for Healthcare Improvement)**

A presentation by Andrea Wilson, Michelle Fearon, Anita Winter, Jonathan Mitchell and Christopher Wood was given to the Quality Assurance Committee on the learning they received from the Institute for Healthcare Improvement (IHI) on the visit to Boston, Massachusetts.

Michelle Fearon provided the background in terms of the programme, what the purpose and intent was.

Jonathan Mitchell and Christopher Wood explained that a 9 stage framework was the foundation of the Patient Safety Programme and briefly outlined the components of the 'wheel'.

Andrea Wilson summarised the main areas of learning from the Patient Safety Programme that were applicable particularly to SHSC.

Anita Winter shared what the next steps and plans are with regards to applying some of the learning in relation to patient safety.

Jonathan Mitchell commented that our approach to the CQC could be significantly different. Instead of reacting to issues and problems they have found, we can be more proactive in identifying emerging issues and addressing them before they become a problem. Better use of robust data will be needed to do this effectively and we will need to change the culture and ways of working in relation to safety.

Andrea Wilson and Anita Winter have met and are developing an outline training plan across the organisation that will support the delivery of this cultural shift, bringing in aspects of psychological safety and other learning from the IHI.

Andrea commented that at the last quarterly learning event a short presentation on Psychological Safety was given that was very well received. As part of the feedback at the session, a very strong message was received that people wanted to know and understand more around it. Attendees also indicated that they felt psychological safety could be improved within the Trust.

Anita Winter has been meeting with Sue Walsh, Clinical Psychologist and they are looking at how to deliver different levels of awareness, training and support around psychological safety.

Richard Mills commented that the feedback is very positive and by the Trust going out and taking the bold move to invest in learning from the best is part of the outward thinking that needs to be embraced. Sheffield has shown before we can do great things by learning from others.

Michelle Fearon commented that the team would like to lead a Board Development session to share the learning in more depth and talk about how we can create some movement in the Trusts approach to safety. The Chair and Non-Executive members of the Committee were supportive of this.

Margaret Saunders requested that the presentation and paper supplied by Anita Winter could be sent to Marthie Farmer to distribute it electronically to the Committee Members.

## **General Governance Arrangements**

### **10) Litigation Annual Report**

This report was deferred to the next meeting in July.

### **11) Complaints Annual Report**

Margaret Saunders presented this report and highlighted the following key areas:

This is the annual complaints report for 2018/19.

The report has a disappointing overall response rate for the year but Margaret wished to point out that this not a reflection of the work that has been done in latter quarter of 2018/19 and the 1<sup>st</sup> quarter of 2019/20 but it is a reflection of the past year.

There are a number of elements for the Trust to consider, and in going forward to achieve the 25 days turnaround target we will need to work more closely with colleagues in the Trust. Margaret noted that one of the issues that we need to improve is turning around the investigation itself in order to meet the 25 days response rate.

Margaret Saunders informed the Committee that within quarter 3 and 4 it is evident that the turnaround time for the investigations in all but 2 cases exceeded the 25 days target leading to a breach.

Clive Clarke, Dr Mike Hunter and Margaret Saunders agreed to have a conversation about this, where it all sits, how to make the process work more effectively and what impact could be made on this report.

Richard Mills commented that the report does now supply more information that is usable and helpful but that our processes are still not acceptable. As a Board we are saying that we do not have an effective complaints procedure as yet.

Jane Harriman commented that on a positive note it is good to be integrating this into the Service User Engagement Data because all feedback about services should be triangulated but the CCG needs more assurance. Jane noted that there are some data inaccuracies in relation to targets. The target for the 25 days response is not 75% but 85% and therefore the report is not accurate. The CCG do not currently have any targets for the fastracks and so performance can't be measured in relation to this.

Generally the CCG has been waiting for a long time to see a report that gives

sufficient assurance: this report does not provide it. Contractually the CCG will consider its position in terms of potential action but from an organisational point of view its thinking about why we have a complaints process and that's about learning and improving from feedback.

Jane expressed concern that there is no learning included in the report, at service level or organisational level from the complaints process.

There is also no recovery plan in terms of getting performance back on track which would be expected in an annual report that is showing such poor performance against target.

The Chair commented that as there is information available from the feedback we receive on what people are unhappy about, we should be concentrating on how to improve and make the experience better for the people who receive our services.

The Chair commented that it can be approached in 2 different ways, one being that the Committee is assured that we are developing a better process to meet our targets resulting in people that are being responded to more quickly and the second being in regards to what the emerging themes are. By spotting problems as they begin to emerge we can address the problem before people feel the need to complain.

The Chair added a matter arising in the action log for the next meeting to get more granularity on the timeframes of the components of our complaints process to assure the CCG that we are treating this as a priority.

The Chair commented that this was a matter for escalation to the Board that the Committee received and discussed this report. The Committee acknowledged the improvement in the complaints reports being received but was not fully assured with regards to the effectiveness of the complaints process.

The Committee would further like to inform the Board of Directors that a recovery plan is required to be developed in relation to the timeliness and improved learning from complaints. This is necessary to assure the Clinical Commissioning Group with regards to the contractual escalation processes and issues.

MS

## Efficient and effective use of resource through evidence based clinical practise

### 12) Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety Annual Report

Clive Clarke introduced the EMSA and Sexual Safety Annual Report and highlighted the following.

- There have been no reportable EMSA breaches during the period and the report has now been combined with the Sexual Safety Report.

Maxine Statham provided the headlines of the report.

There were no issues in relation to EMSA that required escalation. All issues that were escalated for consideration in the last year were from Dovedale Ward. As per the Standard Operating Procedure, these were

discussed with the EMSA lead at the CCG who had advised that they did not constitute a breach of the EMSA requirements. No issues were raised on the adult acute wards.

The Chair commented that the recommendations are the same for Executive Directors Group (EDG) and the Quality Assurance Committee although this Committee does not have the same function as EDG. She noted that it would be helpful to know what EDG's response was to the recommendations and that this Committee can be assured that EDG has responded positively to the report and the recommendations made.

Clive Clarke commented that the paper went to EDG last week and was discussed and there was no disagreement with any of the recommendations.

The Chair commented that EDG needs to be assured that the relevant work has been done and discussed and that there is nothing that would cause this Committee to be concerned about the proposals and issues. The Committee will continue to take interest in and monitor issues in relation to sexual safety and is assured that work is continuing to take place.

Clive Clarke commented that this report is scheduled to go to Board in July with these recommendations.

The Chair suggested a different recommendation to say that the Quality Assurance Committee is assured that EDG have dealt with this thoroughly and in accordance with the recommendations from this Committee last year. The Committee has noted that there are no adverse indicators that have happened in the year that should change the Committee's recommendations.

Dr Mike Hunter commented that the Trust has an evolving narrative and understanding with the CQC. Regular meetings and dialogue are taking place to develop a positive working relationship and encourage a shared sense of openness and transparency.

The CCG has been involved in discussions on these issues on a weekly basis with Maxine Statham and it is a good working relationship.

Dr Mike Hunter further commented that this issue of EMSA and the use of dormitory accommodation on our Wards is an ongoing concern for the CQC and is an agenda item for the next formal engagement meeting.

The Chair commented that the report should be supplied to the CQC as part of the quarterly information request.

The Committee was assured by this report.

### **13) CQC Well-Led Inspection Action Plan Update**

Dr Mike Hunter introduced the report. Andrea Wilson highlighted the following key areas:

2 Actions were closed since the last meeting which was around, posters for Service User and Carer Engagement which are now up on walls and the Clozapine guidelines that have been through relevant Governance processes and are available to staff on the intranet.

The Committee was informed that, in some instances, problems affecting delivery had been identified. These are being addressed wherever possible with the relevant Directors. In some areas work is still in progress, resulting in timescales needing to be extended. In line with the agreed process for requesting extensions to deadlines, a formal request been made to the Executive Directors Group for extensions for their consideration.

Fortnightly meetings are now scheduled with Michelle Fearon, Andrea Wilson and Nick Gillott from IMST to keep a focus on how issues are progressing in relation to IMST related CQC actions. Monthly meeting with deputy directors, clinical operations and corporate leads are in place to monitor progress against the remaining outstanding actions.

A separate Task and Finish Group, led by Michelle Fearon has been mobilised to investigate the issues on the telephony actions. The leadership of this now sits within Clinical Operations and there is now more confidence that the project has traction moving forward.

The wording of the original action plan will be reviewed as the current action plans will not provide the assurance needed for the CQC to see real improvement in the telephony issues raised since their last visit. Progress has been made in the past 3 weeks to more clearly define the work needed. A programme manager is being brought in to support this and will assess our options in relation to an appropriate contact centre solution.

The Chair commented that the issues relating to the delays in delivery of our CQC action plans need to remain on the Corporate Risk Register.

The Committee would like to notify the Board that the Committee is still concerned with regards to the delivery and the timescales of the plan. The Committee was assured that, in some instances, problems had been identified and are being addressed and that in some areas work is still in progress, resulting in timescales being extended.

## Evaluation / Forward Planner

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 July:

### **Executive Level Serious Incident – Suspected Suicide, Maple Ward**

The Quality Assurance Committee discussed the Maple Ward serious incident report and was assured by the operational response to this very sad and tragic circumstance.

The Committee would like to notify the Board of Directors that the Committee discussed the Maple Ward Serious Incident Report and was assured by the Operational Response to this very sad and tragic circumstance. The Committee further would like to alert the Board that the Committee was not fully assured on the accountabilities in relation to the Health and Safety matters and that Clive Clarke has agreed to follow up on this and report back

to the Board of Directors on the findings.

### **Complaints Annual Report**

The Committee received and discussed this report and acknowledged the improvement in the complaints reports being received but was not fully assured with regards to the complaints process.

The Committee would further like to inform the Board of Directors that a recovery plan is required to be developed in relation to the timeliness and improved learning from complaints. This is necessary to assure the Clinical Commissioning Group with regards to the contractual escalation processes and issues.

### **Learning from the Institute for Healthcare Improvement**

The Committee received a presentation and positive learning from the delegation that attended the Patient Safety Executive Development Programme in Boston, Massachusetts. The Committee is looking forward to receiving a Board Development Session in the future.

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

The Committee received a progress update on the well-led inspection 2018 action plan and would like to inform the Board of Directors that the Committee is still concerned with regards to the delivery and the timescales of the plan. The Committee was assured that, in some instances, problems had been identified and are being addressed and that in some areas work is still in progress, resulting in timescales being extended.

**CLOSE**

**Date and time of the next meeting**

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

*Apologies to PA to Medical Director*