BOARD OF DIRECTORS MEETING (Open)

Date: 10th April 2019

Item Ref:

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 25th March 2019
TIMETABLE FOR DECISION	To be discussed at April'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	March 2019

SUMMARY REPORT

Report to: Board of Directors

Date: 10th April 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

1. Purpose

To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 25th March 2019.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 25th March 2019 in May 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 Safety Group – Quarterly Assurance Report

The Quality Assurance Committee (QAC) received and discussed the Service 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.

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 Care NHS Foundation Trust, held on Monday 25th February 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.	Clive Clarke	Deputy Chief Executive/Director of Operations (CC)
5.	Jane Harriman	Deputy Chief Nurse, NHS Sheffield CCG (JH)
6.	Brenda Rhule	Deputy Chief Nurse (BR)
7.	Margaret Saunders	Director of Corporate Governance (Board Secretary) (MS)
8.	Michelle Fearon	Director of Operations & Transformation (MicF)
9.	Andrea Wilson	Director of Quality (AW)
10.	Marthie Farmer	PA to Medical Director (Notes) (MF)

Apologies:

11.	Laura Serrant	Non-Executive Director (LS)
12.	Liz Lightbown	Executive Director of Nursing, Professions & Care Standards (LL)
13.	Jonathan Mitchell	Associate Medical Director for Quality (JM)
14.	Tania Baxter	Head of Clinical Governance (TB)

Minute	Item	Lead
	Welcome & Apologies The Chair welcomed everyone to the meeting and noted the apologies.	
1)	**Declarations of Interest** There were no new declarations of interest.	
2)	**Minutes of the meeting held on 28th January 2019** The minutes of the meeting held on 28th January were agreed as an accurate record, following the change below to page 8 - Board Assurance Framework: …"An example was discussed in relation to a Cost Improvement Plan (CIP), whereby workforce **changes** were proposed."	

Matters Arising & Action Log	
Matters Arising:	
4) **Safety Dashboard**	
The Chair enquired about the positive trend in security and requested that staff views be included. A survey monkey will be sent out and an update will be brought in the review of increased safety measures to a future meeting.	**MicF**
13) **CQUIN's – Quarterly Progress Report (Q3)**	
It was requested that the transitions issue picked up by HM Coroner during an inquest be added to the Corporate Risk Register at the Board Meeting in February. The Committee sought assurance that it had been added to the Corporate Risk Register.	
This will be added to the Risk Register and will be picked up at the next Board meeting.	
This will be reviewed at the Operations Performance and Risk Group with a view to escalate to Board and the Risk Register.	**MicF/ MS**
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. There have been a number of serious assaults on staff. Figures for the last 5 months show these are below average with eight out of ten months previously being above average assaults on staff.	
Richard Mills raised the issue around the recording of verbal assaults on staff and asked if people are recording more verbal assaults on staff.	
This Committee will monitor all types of abuse, (physical and verbal) as part of a health and safety focus.	
There is a core team of five people going over to Boston in the USA to the Institute for Healthcare Improvement for a world leading programme: 'Patient Safety Executive Development Programme' from the 7th to 13th March 2019.	

5)	**Mental Health Legislation (MHL) Q3 Performance Report**	

Andrea Wilson presented this report and highlighted the following key areas:

This is the second integrated performance report for the Mental Health Act and the Mental Capacity Act / Deprivation of Liberty Safeguards.

The Mental Health Legislation Operational Group is developing well and will have its first meeting next month.

Senior clinicians are engaging alongside the Mental Health Act Team to ensure we get into the operational detail of why things are not working.

The Mental Health Legislation Committee (MHLC) has received many reports and is trying to ensure a more effective operational response to the issues monitored corporately by the MHLC.

The Terms of Reference have been drafted and will be reviewed at its first meeting being held during Q4.

During Q3, the key performance indicator on the reading of patients' rights and recording remained an issue on Maple Ward, in particular, and Stanage Ward.

As a consequence, the Mental Health Legislation Committee (MHLC) downgraded Maple Ward to 'red' for both rights explanation and recording capacity and consent with regards to their monthly update against CQC Mental Health Act Monitoring Visits actions.

The MHLC, however, remains confident with the Trust's overall performance in respect of Mental Health Legislation compliance.

There was one new CQC Mental Health Act Monitoring Visit in Q3, which was to Forest Lodge Assessment Ward, and did find some recurring things from the previous visit in 2016 that had not been addressed. In response, the Executive Directors Group agreed to ask Brenda Rhule, Deputy Chief Nurse and Julie Walton, Head of Care Standards, to work with the Forest Lodge team to support understanding and delivery of regulatory requirements and the need for a comprehensive patient administration system.

During Q3 it was identified that the monthly incident data the MHLC receives, via the Trust's Ulysses system, is based on the date the incidents' occurred, as opposed to the month the incident was reported. This may have resulted in some incidents not being reviewed by the Committee, as they would be included in previous months' reports. This has been rectified and the monthly data is now extrapolated using the incident reported date. Q4 reports will be based on the date of reporting to ensure that all incidents are appropriately rated and responses undertaken.

A delay in the Mental Health Act Assessment and Waiting List Monitoring on the number of incidents and the potential inconsistencies of reporting have been brought regularly to the attention of the Senior Clinical Operations and Performance Governance meeting.

	The MHLC has requested details of waiting times for the Mental Health Act Assessment, following receipt of referrals, to be provided monthly and will pursue a definition of delayed admission based on the waiting list.	
	Deprivation of Liberty Safeguards (DoLS) Audit has had an action that has now been completed. The information is being analysed, but preliminary reports indicate that conditions on DoLS, where they exist, are being implemented correctly.	
	A meeting is booked on Court of Protection Proceedings for early in quarter 4 between the Director of Quality, the Head of Mental Health Legislation and the CCG's Nurse Quality Manager for MCA/DoLS, with a view to developing an effective protocol for managing these cases.	
	The Committee was assured by this report.	
6)	**Infection Prevention and Control (IP&C) Q3 Performance Report**	
	The Quarter 3 Performance Report was received and reviewed by the Committee and the following points were highlighted within the report:	
	Training on hand hygiene compliance is 94%.	
	Issues are being experienced around the training data due to the current staffing situation in the Training Department, and complete quarterly compliance figures are not available. It is hoped to have this issue rectified within this month.	
	MRSA screening reported an improvement on screening data as admission categories were being used to assist in data collection from Insight, to identify where 'high risk' service user sources may be admitted from and offer screening. However the data supplied is only as accurate as what is recorded by staff on Insight.	
	The Infection Prevention Control Policy has been approved and ratified.	
	The Chair highlighted and congratulated Forest Close Bungalow 2 on it achieving 100% on its environmental cleanliness consistently for the last 4 months and asked Michelle Fearon to pass on congratulations to the team.	**MicF**
	All reports are now shared at the Care Networks.	
	Richard Mills raised the issue on the 'Bare Below the Elbow'(BBTE) audit as it is the first time this type of audit has been carried out. The decision to introduce uniforms to the inpatient and bedded unit areas of the Trust has prompted this audit to be carried out and it is envisaged that the professional image of staff will significantly improve when uniforms are introduced.	
	Richard Mills commented that he was looking forward to the quarter 4 report after the completed trust-wide mattress audit across our inpatient and bedded areas, as the findings will be summarised in this report.	
	The Committee was assured by this report.	

7)	**Safeguarding Adults Q3 Quarterly Performance Report**	
	The report was received and reviewed by the Committee and the following points were highlighted within the report:	
	Safeguarding Adults and Children Steering Groups are trying to align meetings with the quarterly reporting cycle and are regularly meeting with the Children's Hospital.	
	Following presentation of KPI data at the Sheffield Adults Safeguarding Partnership Operational Board in quarter 2, questions were raised by Board Members about the percentage of Notifications of Concern (NoC) that were not taken into safeguarding procedures by Adult Mental Health Services.	
	In order to assure the Board that NoC are appropriately managed by the Trust, the Corporate Safeguarding Team collected detailed data for a two month period and presented this to Sheffield Adults Safeguarding Partnership Operational Board in quarter 3. This data highlighted that a large percentage of NoC received by SHSC via the Local Authority did not meet safeguarding criteria and it also demonstrated the disposal route of all NoC that were received. The referral pathway will now be reviewed.	
	Training compliance data is up to and including November 2018 and there was no data available for December 2018 from the Training department due to issues being experienced around the current staffing situation in the Training Department.	
	Safeguarding screening times remained stable at 98% within required timescales for quarter 3.	
	The Transition Protocol is being reviewed in collaboration with the Children's and it's important to note that through the Regulation 28 there has been an interim drafted addendum to the current policy which has been approved but is awaiting final approval from the Children's.	
	Brenda Rhule mentioned the issue around ethnicity and that only a total of 69 referrals for people with a BME background were received, which links to the FGM and historically we only have three cases, but it is still a work in progress.	
	The Chair raised the issue that was outstanding from a question at the Council of Governors about the involvement of service users in the safeguarding process and queried if the safeguarding team has been to the Safeguarding Adult Annual Report Customer Forum Interviews. Brenda Rhule will confirm and give feedback to the Chair.	**BR**
	The Committee was assured by this report.	
8)	**Safeguarding Children Q3 Quarterly Performance Report**	
	The report was received and reviewed by the Committee and the following points were highlighted within the report:	
	The report is much the same as for the Safeguarding Adults Q3 report.	

	The Supervision Policy is currently under review which will include safeguarding supervision and is due to go to the Policy group in March 2019. The Committee was assured by this report.	
9)	**Mortality Quarterly Assurance Report (Q3)** Dr Mike Hunter gave feedback on this report and highlighted the following key areas: Number of total deaths recorded in quarter 3 was 166. Three Structured Judgement Reviews (SJRs) have been undertaken and reviewed by both the Mortality Review Group and Service User Safety Group. Dr Mike Hunter drew the Committee's attention to Case C and after a detailed discussion at the Service User Safety Group with senior nursing and Operational Colleagues, it was determined that Case C was to be graded as 'Poor Care' and not 'Adequate Care' as there were significant gaps around the assessment of the person's mental capacity and that there was an under consideration of nursing home care which may have been effective treatment, should it have been made available. Six deaths have been reported to LeDeR from the Trust during quarter 3. The Chair queried the issue about the methodology for SJRs and whether aviodability of death was considered, and if we are taking the same approach as other mental health trusts. Dr Hunter confirmed that we are taking the same approach as all the other Trusts. To keep under review. A Deep Dive session on SJR's could be arranged for a future meeting. The Committee was assured by this report.	**MH**
10)	**CQC Care Quality Commission (CQC) – Well-led Inspection 2018 Action Plans Progress Update** Andrea Wilson gave feedback on this report and highlighted the following key areas: Some actions have been reported as completed, but not all have been supported by the necessary evidence to provide assurance on how progress is being made, due to reasons of new leadership, new managers who have not dealt with the CQC before. Julie Walton is preparing a 'Good Evidence Guide' and will be liaising with each of the Senior Operational Managers to look individually at all their outstanding actions, to work out what the evidence and assurance needs are. Work has commenced on ensuring that appropriate assurances are provided to demonstrate that actions have been completed and embedded into practice. The Chair commented that the Committee is assured that all outstanding issues are being dealt with but that the Committee cannot be assured that we	

are on track.

The Chair raised a concern regarding the Trust's responsibility in relation to policies being reviewed and updated, to reflect current national guidance and best practise, and asked if we were satisfied whether or not the actions to address this enabled us to be confident in our assurance or not. Margaret Saunders responded that the intranet has been amended to better reflect the accessibility of policies, following a recommendation, and is now in alphabetical order. There is administrative support in line with the National Guidance Best Practise Policy and we do rely on the authors to do it.

There is an annual rolling program for reviewing policies by all Executives to enable cross-referencing and ensure they are happy with the content of the policies which is monitored by the Policy Governance Group.

The restrictive practice resources have been in place since October last year and the clinical expertise resource. These need to be devolved down into the areas, as they have the expertise on how they can contribute to the process and move it back into the assurance process.

There is assurance from Executives that they have no 'red' policies and where they have amber policies, which are the ones that are currently live but will run out prior to our anticipated inspection, to provide assurance on their level of ownership.

Jane Harriman queried the 5% 'must do' actions without a completion date and stated that assurance around the reason for this was needed, to ensure that these have been dealt with and that any future reports will have dates and not as many actions without evidence.

The Chair commented that the Board is assured that there is a good system for monitoring the CQC action plan but that the Committee is not assured that all the completed actions had been satisfactorily evidenced.

11)	**Recovery Team Overview Presentation**	

Michelle Fearon gave an overview and Richard Bulmer (Associate Director), Greg Hackney (Senior Operational Manager) and Sarah Roberts-Morris (Senior Operational Manager) highlighted the key areas within a presentation to the Committee.

Richard Mills raised the issue around the debate on the development of demand, the pressure on the IT Systems and staff morale. Richard Bulmer answered that the Single Point of Access (SPA) is now starting to get the right demand time to work the system, but still does need more investment into the service. There is a high demand for the service which links in with the questions around morale and sickness in terms of productivity, ie the need to improve sickness rates etc.

There is an endlessly increasing demand into the service and although it needs to be measured, the systems we have across the entire community reconfiguration, are now in a much better situation to enable measuring it, than what it was two years ago. The Trust needs to be able to identify the demand and get it into the right part of the system.

A proposal has been put forward for an investment in different parts of the system, in terms of the long-term cases we have and about the people that are somewhere between the short-term work that is done by SPA and the long-term work being done by the Recovery Teams.

There are no vacancies at present.

An exercise has been done with the team and with Nottingham, and the outcome was that they relished the time spent with service users and their colleagues but that the IT systems were getting them down and IT Systems are a priority to get resolved, linking with the work around buildings and in getting appropriate space.

Waiting times are reviewed every week and allocated where it can or information is given out. There would be about 20 in each team awaiting a review.

The Chair commented that the Board had been concerned about the outcome of the review and the reconfiguration and what they knew about it and it was reassuring to know that it is being managed and that we do know what is going on and that we continuously want to improve things.

Within the Microsystems work, a service user questionnaire is being done with people in clinics, which is being used by the recovery service to obtain information on people's experiences. The outcome from this has not yet been received. This will help us understand what people's experiences are and what we need to do to improve them.

When people enter the service now they receive a letter which says who is involved in their care, what the recovery service does and keeps service users much better informed than in the past and what to expect.

The Chair commented that it would be good to get feedback on the outcomes of the questionnaires at a future meeting as the Committee is trying to triangulate and to encourage and understand more about people's experience of the quality of care they receive and the Committee would want to encourage it as well as the engagement side of things.

The Chair raised the question around social care and checked whether there was a rise in the threshold for support, and that people with great mental health vulnerability in the city could still access services since the restructure. There are a number of things being done across the city. This is part of the Neighbourhoods work that Dr Mike Hunter is involved in, along with the CCG and the local authority.

	General Governance Arrangements	
12)	**Complaints Management Quarterly Assurance Report – Quarter 2 and Quarter 3** Margaret Saunders gave feedback on this report, which was a joint report covering quarters 2 and 3, and highlighted the following key areas: Margaret thanked colleagues for their support in preparing this report, in particular Andrea Wilson and Anita Winter. A total of 50 complaints were received in quarter 2 and 51 in quarter 3. All of which were managed through the formal investigation process. This compares with a total of 48 complaints received in quarter 1, an increase of 4.17% for quarter 2 and 6.25% for quarter 3. The Trust had 4 complaints referred to the Parliamentary and Health Service Ombudsman in quarter 2 and 3 in quarter 3, 7 in total for both combined quarters. The Trust has received inspections from the Care Quality Commission (CQC), receiving a positive comment in relation to the management of complaints. Richard Mills complimented Anita Winter and Andrea Wilson on the quality of the report as the Committee is now getting the kind of information it has asked to see. The Chair gave a compliment to the improvement in the report. However what the Committee is expecting is a balance between complaints and compliments and more information about organisational learning from complaints. Jane Harriman requested that with future reports if a summary of the corporate response rates could be included, as it would be useful to have the understanding as well as the outcomes and the learning from it. The Committee was assured by this report.	
13)	**Position Statement Corporate Affairs Outstanding Areas of Work (Fastrack Forms & Compliments)** Margaret Saunders gave feedback on the Position Statement Corporate Affairs Outstanding Areas of Work and highlighted the following key areas: Margaret thanked colleagues for their support in preparing this report, in particular Anita Winter. On 30 January 2019, following discussions, a total of 509 Fastrack forms had not been logged onto the complaints module of Ulysses, or received a response to their enquiry. Actions are being taken and an action plan is being implemented to address the issues and work will commence with immediate effect and be monitored. The Committee further noted the need for the capacity and capability in systems and processes for the future to prevent recurrence.	

The Committee noted an organisational failure in relation to this position and requested that action was taken to determine how the backlogs occurred and on how extensive they are.

As a Trust we can be assured that there is capacity to do the work and that the pre-existing capacity was not used to the best effect.

The Committee will support the Executive to deal with the issues, as they are being dealt with, and we need to ensure while the process is being continued that the capacity that is needed is being put in place. The Committee can be assured about the capacity and the process of dealing with the problems that we have had in past, as it will not get in the way of releasing capacity to ensure we are moving forward.

Andrea Wilson mentioned that it does raise a governance point to where this work is being managed, as Corporate Affairs, Operations and Quality are all involved in this process in ensuring that the work is being done. The Quality Assurance Committee does support the Executive and any recommendations that need to be made, and requested that the recommendation also be brought back to this meeting.

MS

The Committee has limited assurance on the processing of the Fastracks on the complaints as only numbers have been uncovered and not the actual depth of the content. The Committee needs assurance on the content and that it is being dealt with and what the timescales are.

The Committee has requested an update on the action plan and position statement at the next meeting in March.

MS

14)	**Clinical Effectiveness Group – Quarterly Assurance Report**	

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

Clinical Effectiveness Group (CEG) continues to meet monthly. The Group has been focussing on the results of the audit on rapid tranquillisation which has shown that practise is poor, which triangulates on how we do restrictive interventions. It was agreed that these findings help inform operational work around restrictive practices and assurance for this area of work sits with the Service User Safety Group.

The Clinical Effectiveness Group continues to receive regular monthly reports, providing detailed updates on aims, challenges and outcomes achieved by each of the teams currently active within the Microsystems approach.

Updates will be provided to this Committee via the reporting that comes from the Service User Safety Group on a quarterly basis.

The Committee was assured by this report.

Efficient and effective use of resource through evidence based clinical practise	
Evaluation / Forward Planner	

11)	**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 March: **Quality Assurance Workforce Survey** The Quality Assurance Committee (QAC) would like to notify the Board that the Committee has requested for an analysis of the workforce survey from a quality and safety perspective with a report back to QAC by April and for verbal abuse to be added and recorded on the safety dashboard. **Infection Prevention and Control (IP&C) Q3 Performance Report and Safeguarding Adults and Children Q3 Performance Reports** The Committee received and discussed these reports and would like to alert the Board to the concerns in terms of the lack and availability of training data. The Committee needs more assurance on business continuity plans to ensure that a more sustainable approach would be available in the future. **CQC Care Quality Commission (CQC) – Well-led Inspection 2018 Action Plans Progress Update** The Committee received a progress update on the well-led inspection 2018 action plan, and would like to inform the Board that the Committee was assured around the robust systems in the monitoring of the overall progress against the plan and took limited assurance from the evidence available to date on the full delivery of some of the action plans. **Community Mental Health Team (CMHT) – Recovery Team Overview Presentation** The Committee received and discussed the Recovery Team deep dive presentation and wishes to alert the Board that the Committee is assured by the level of oversight taking place in terms of recovery services and action plans for the future. Key issues were raised around IT, thresholds of entry into the service, service user experience, resources and waiting times. **Complaints Management Quarterly Assurance Report – Quarter 2 and Quarter 3** The Committee received and discussed this report and would like to alert the Board that the Committee was assured by the quarter 2 and 3 Complaints report but had limited assurance on the fast track outcomes. The Committee noted an organisational failure in relation to this position and requested that action was taken to determine how the backlogs occurred and on how extensive they are. The Committee further noted the need for the capacity and capability in systems and processes for the future to prevent recurrence. The Committee has requested an update on the action plan and position statement at the next meeting in March.	

The Committee further want to alert the Board that in the spirit of openness and transparency the Trust has informed the CQC about the situation in relation to the backlog of Fastracks.	
CLOSE	

Date and time of the next meeting
Monday 25th March 2019 at 1.00 pm– 3:00pm
Rivelin Boardroom, Tudor Building, Fulwood

Apologies to PA to Medical Director