

## BOARD OF DIRECTORS MEETING (Open)

Date: 13<sup>th</sup> November 2019

Item Ref:

18b

<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 21 <sup>st</sup> October 2019
<b>TIMETABLE FOR DECISION</b>	To be discussed at November'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: Quality and Safety Strategic Objective: Effective Governance, Quality Assurance And Improvement Will Underpin All We Do. BAF Risk No: A101iii BAF Risk Description: Trust governance systems are not sufficiently embedded which may reduce the effective means by which executive directors can consistently and continually be held to account for the delivery of sound strategies, effective management of risk and the quality of service provided by the organisation.
<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>	October 2019



## SUMMARY REPORT

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**Report to:** Board of Directors

**Date:** 13<sup>th</sup> November 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 21<sup>st</sup> October 2019.

### 2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 21<sup>st</sup> October 2019 in December 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 and CQC Well-led Inspection Action Plan Update**

The Committee received and discussed the Service User Safety Group quarterly assurance report and the CQC well led inspection action plan update. Within these reports a theme was identified relating to estates concerns around outstanding environmental safety issues, risk assessments and notice periods on building leases. The Committee requested that the difficulties in resolving the estates issues be discussed at the Executive Directors Group, with assurance provided back to the Committee.

#### **Staff Survey Update**

This report was not available for discussion at the meeting. The Committee was concerned by this as they were unable to gain assurance on the quality related aspects of the staff survey. The Committee requested the Executive Directors Group to discuss this in order to gain clarity on the roles and responsibilities for this workstream and to provide assurance to the Committees and Board that there is a transparent link to an improvement plan for the staff survey outcomes.

**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 23<sup>rd</sup> September 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. Heather Smith | Non-Executive Director (HS)                                      |
| 4. Liz Lightbown | Executive Director of Nursing, Professions & Care Standards (LL) |

## In Attendance:

- |                       |   |
|-----------------------|---|
| 5. Clive Clarke       | Deputy Chief Executive/Director of Operations (CC)      |
| 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. Michelle Fearon    | Director of Operations & Transformation (MicF)          |
| 10. Jonathan Mitchell | Associate Medical Director for Quality (JM)             |
| 11. Rita Evans        | Director of Organisation Development (RE)               |
| 12. Tania Baxter      | Head of Clinical Governance (TB)                        |
| 13. Laura Sherwood    | Note taker (LS) (on behalf of Marthie Farmer (MF))      |

## Apologies:

- |                    |                                 |
|--------------------|---------------------------------|
| 14. Dr Mike Hunter | Executive Medical Director (MH) |
| 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 29<sup>th</sup> July 2019</b></p> <p>The minutes of the meeting held on 29<sup>th</sup> July were agreed as an accurate record.</p>	
3)	<p><b>Matters Arising &amp; Action Log</b></p> <p><b>Service User Engagement Group – Quarterly Assurance Report Q4</b></p> <p>The interim progress report for the research project being undertaken by the School of Health and Related Research (SchARR), University of Sheffield, led by Professor Scott Weich, will be brought to October's meeting.</p>	<b>AW</b>

Tania Baxter provided feedback around the Committee's request for a service user representative at the Quality Assurance Committee (QAC). Tania has met with Samantha Stoddard and discussed the Governors that had expressed their interest in joining QAC, to establish if we could utilise their interest in the sub-groups of QAC. Terms of Reference for the Clinical Effectiveness Group, Infection, Prevention and Control Steering Group, and Service User Safety Group have been sent out to Governors, to ascertain their interest.

Tania Baxter also met with Brenda Rhule and Ellie Wildbore to discuss the potential interest from other service users. This is being progressed through Ellie Wildbore. It was hoped to have a service user representative at the October QAC meeting.

### **Safety Dashboards**

The post meeting note to provide additional information on the large number of restraints, with the increase being mainly accounted for by two service users on PICU, together with the spike in the number of reported self-harm incidents, received by the Chair from Dr Mike Hunter, will be circulated after the meeting to Committee members.

**MF**

### **Infection Prevention and Control Annual 18/19 Report and Programme 19/20**

The minutes will be amended to record that the Committee was partially assured by this report. It was confirmed that the report was amended following September's meeting, authorised by the Chair, to enable its presentation to the Board of Directors meeting in September.

### **CQC Well-Led Inspection Policy Update**

An updated policy report with accurate figures will be brought to October's meeting.

**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 Tania Baxter.

Two graphs had shown a significant shift, which were highlighted in the report. Shifts were shown for assaults on service users and all incidents. The all incidents graph did not show as a statistical shift on last month's dashboard due to one control point showing just above the mean. However, following a data quality check, a few duplicate incidents were determined and rectified, which has now taken the one control point to just below the mean, which has subsequently resulted in a statistical change.

Michelle Fearon provided an updated on the acute care system to the Executive Directors Group, in particular to the work coming out of this. Clinical Operations have commissioned Sue Walsh, Associate Director for Psychology Services, to do a 'deep dive', in particular to understand what has happened over the summer and the impact on both service user experience outcomes, numbers of assaults etc. This report will be presented to the Quality Assurance Committee in February 2020.

**MicF**

Richard Mills shared his support for this and recommended the action as being important to really understand why it is happening, as there can be significant consequences if alternative strategies are being adopted.

The Trust needs to be clear about what its model of care in the acute environments is and what each specific function does from the point of admission through to the recovery orientated discharge. A task and finish group has been established which will be chaired by Michelle Fearon and Peter Bowie.

Richard Mills commented that the Board of Directors should receive this information at its next meeting. The Chair commented that it would be going to Board as a narrative within the performance report.

#### **5) Mental Health Legislation (MHL) Q1 Performance Report**

Liz Lightbown presented this report and highlighted the following two key areas:

The report brings together the accountability and oversight for reporting on Mental Health Legislation for both the Mental Health Act and the Mental Capacity Act.

The Trust is effectively working directly with Ward Managers and Community Team Managers on the immediate feedback from the outcomes of the weekly inpatient audits and monthly Community Treatment Order audits.

The Chair raised a concern that issues are not being addressed at sufficient speed, as the figures had been the same for nearly a year and Clinical Operations are not achieving what they set out to achieve. Two questions were posed: how could the Committee be assured by seeing the performance, if it is not where it should be, and how can we draw some confidence that it is being done. Liz Lightbown commented that to shift figures, a physical presence and holding to account, together with an understanding on a one to one level by ward managers and consultants of the application of the legislation, is needed.

Mental Health Act clinics have been set up to allow greater visibility and access to guidance/advice and these are evaluating well.

Michelle Fearon commented about medical engagement and the need to ensure that medics are engaged and secondly around the continued oversight and how we are bringing about the change which will be coordinated through Clinical Operations.

<p>Richard Mills commented that this was an encouraging debate as problems were being highlighted here which had been reflected within other reports. Closer discussions with ward staff is needed to understand what is happening to enable support and help and in some cases to hold people to account. He suggested this was a recurring theme in many areas which needed to be understood to enable support for people in their performance. This appears to be a culture issue, which needs to change, rather than system issues.</p> <p>The Chair affirmed that the plateauing of underperformance was a concern, but the Committee does want to monitor the positive changed approach that has been set and recognise that it is absolutely targeting what the problem is. The Committee is being supportive in helping to change the culture, which is around fundamentally understanding service user rights.</p> <p>Michelle Fearon suggested that in order to provide assurance of the 'what' and 'so what' questions, Andrea Wilson and herself would bring something back to the next meeting in October.</p> <p>Support from the accountable executive leads, Dr Mike Hunter (Executive Medical Director) and Liz Lightbown (Executive Director of Nursing and Professions), needs to be around sponsoring this into the Medical Workforce meeting. Dr Mike Hunter needs to take this issue as a sponsor and connect it with the work, along with the plan going there, as a suggested way going forward.</p> <p>The Committee agreed to report the sufficiently positive and concerning issues to the Board of Directors.</p>	<p><b>AW / MicF</b></p> <p><b>MH/LL</b></p>
<p><b>6) Infection Prevention and Control Quarter 1 Performance Report (Q1)</b></p> <p>Liz Lightbown presented this report and highlighted the following key areas:</p> <p>MRSA screening compliance is still very low at 38%.</p> <p>During quarter 2, Liz Lightbown has met with Michelle Fearon, Director of Operations and Peter Bowie, Clinical Director, to agree several actions to enhance the reporting back from corporate services into clinical services. Changes include monitoring performance in network governance meetings, as well as the movement of the responsibility for delivering the flu vaccination programme from Liz Lightbown and team.</p> <p>No cases of MRSA Bacteraemia, MSSA or toxin producing Clostridium difficile have been reported. There was a very short outbreak of diarrhoea and vomiting, but not related to Norovirus, in the dementia ward.</p> <p>Policies underpinning infection, prevention and control are all in date.</p> <p>Environmental cleanliness audits have been completed in quarter 2 and will move/transfer to the Executive Director responsible for Estates and Facilities, where these should sit. Environmental cleanliness showed an improvement in quarter 1 on performance, with 6 areas achieving 100% on their audits.</p> <p>Assurance can be given to the Committee re water quality and safety in that we have a robust monitoring and inspection regime in place.</p>	

There is improved reporting on incidents between services users to staff.

Mandatory surveillance is continuing to have a low uptake with regards to compliance and the number of people that should be subject to surveillance. This has been escalated with IMST and there is now a mandatory field on Insight, which will not allow people to progress without completing it.

Richard Mills sought clarification regarding the monitoring of the flu vaccination programme. Liz Lightbown advised that it was no longer the Executive Director of Nursing that oversees this programme by law, and that it must be a medic. This can either be an occupational health physician, a medical service general practitioner or partner or if Trusts wish to run their own programme, it needs to be the Medical Director. A decision was taken at the Executive Directors Group that SHSC would use the PAM Occupational Health Group to oversee this with the reporting through the Director of HR into the Executive Director Group and then into this Committee. It will no longer form part of the Infection, Prevention and Control reports. After the discussion at the previous QAC meeting, Liz Lightbown has followed up with Dean Wilson, Director of HR, with regards to a report from HR and PAM Group on this.

The Infection Control Nurse and Coordinator will be working much closer with teams to enhance and support the reporting of incidents.

The Chair commented that there was a great attendance at the conference this year, but raised the issue around non-attendance by individuals who had booked places but then not attended. The Committee requested the Executive Directors Group to ask staff to monitor conference attendance to check if there is an issue that needs to be addressed. Clive Clarke and Liz Lightbown will take this forward.

The Committee was assured by this report.

CC/LL

**7) Incident Management Quarterly Report (Q1)**

Tania Baxter presented this report and highlighted the following key areas:

The report was evolving and there is still work to be undertaken to achieve the desired results. It is thought that the Committee would benefit from receiving an appendix containing graphs showing the data and any exceptions being highlighted within the report.

The report contains learning attained from reviewing 12 serious incident reports during the quarter. Eight of these were Reviews of Care, one was a concise investigation and three were level 2 investigations. The Trust has identified 15 lessons and from these, 26 actions have been taken which may result in changes in practice.

Richard Mills queried the reporting of deaths insofar as contact with families, and was reassured that it would be addressed in the reporting on incidents within the serious incident report where we look at structured judgement reviews.

<p>The Chair supported the comments that Tania Baxter had made regarding report development as the Committee needs to receive a performance report that triangulates information.</p> <p>Andrea Wilson and Tania Baxter will take a much higher profile in the preparation of this report in the future. The next report is scheduled for December.</p>	<b>AW/TB</b>
<p><b>8) 360 Medicines Management Audit Report - Update</b></p> <p>Shrewti Moerman presented this report and highlighted the following key areas:</p> <p>Medicines incidents around medicines storage and safety and the monitoring of these have been resolved with changes implemented on 2<sup>nd</sup> September. A good effect is being seen with the number of incidences drastically reduced.</p> <p>Medicines administration is still being addressed and a task and finish group will be set up to ensure safety is maintained and monitored at each point on the wards.</p> <p>Policy has been updated and the Pharmacy Department is ensuring that it is being implemented and audits are being undertaken within teams. G1 is monitoring effectively. Where staff are documenting that patients are refusing medicines, there is a need to ensure that this is not seen as not being offered.</p> <p>Improvements in our electronic recoding regarding rapid tranquilisation is required to ensure that patients are being monitored following administration, as well as ensuring that the medication has been given correctly and recorded accurately.</p> <p>The Chair commented that the Committee is conscious that there has been a huge amount of work that has been undertaken since the 360 Assurance audit. The Committee is assured by the report and by the verbal input that the plan is being followed and that the Pharmacy Department is seeing some impact.</p> <p>Jane Harriman queried if there were any actions that were behind target that had been agreed with 360 Assurance. Shrewti Moerman replied that the next 6 months will focus on the administration, ensuring and implementing the correct processes on the wards with good governance so it is appropriate and safe for patients. She confirmed that the work was up-to-date with the action plan.</p> <p>The Committee was assured by this report.</p>	
<p><b>9) Safeguarding Adults and Children Quarter 1 Performance Report (Q1)</b></p> <p>Liz Lightbown presented this report and highlighted the following key areas:</p> <p>Three reports have now been incorporated into this one report. It is still a work in progress and the aim is to reduce the size of the report and to consider how the information within it is presented.</p>	

Liz was confident about the quality and context of the comprehensive training that is delivered in the organisation and the uptake rates, notwithstanding that we still slightly underneath the national Prevent training benchmark in quarter 1. We are, however, confident that we will achieve those targets in quarters 2 and 3.

Liz Lightbown assured the Committee that the Trust has enough Safeguarding Managers to fulfil the duties required and that we are continuing to train managers at ward level and in the community to level 3 standards, even if they don't have to take on the actual duty.

In quarter 1 there has been a combination of the professional lead for social workers and the band 5 nurse attending team governance and performance meetings to provide in-house supervision and to discuss safeguarding issues.

The Safeguarding Forum meeting was held in quarter 1.

There were concerning figures in terms of the actual people that do require safeguarding, with the majority coming via the police and local authority.

In terms of source of harm, there has been one incident that needed to be highlighted being the case of alleged abuse by a member of our own staff. The staff member has been suspended and there has been a police investigation. The Committee can be assured that the service user and users involved are safe and no harm has occurred and they are appropriately being supported and managed and are still accessing their care and treatment?

The 'Making Safeguarding Personal' campaign is not quite making the progress anticipated or needed, but people are consulted on their experience, but it is just not reported and recorded in a systematic way.

Michelle Fearon commented that, during quarter 2, all the referrals coming to the Single Point of Access, will be moved to come directly to the Safeguarding Team.

The Chair commented that from a reporting perspective, it is good to have the adult and children report together. In terms of how this is reported and what is pulled out is one of the key significant issues, which would be good to have within the summary.

The Committee was assured by this report.

**10) Nutrition and Hydration – Assurance Update**

This is a revised and updated strategy implementation plan for the preceding two years.

A new national Patient Safety Alert has taken forward some areas that have not been fully implemented and embedded from the previous implementation plan, whilst adding in additional actions, for example the procurement of local food sources.

The strategy plan has been discussed and approved by the Executive Directors Group. The Quality Assurance Committee requested to have some oversight and be assured that we are delivering and implementing what we said we would do in a revised and refreshed strategy.

Richard Mills expressed his thanks for the increased emphasis on procurement but queried how realistic the timescales within it were, as things often take longer than anticipated. Liz responded that initial conversations had taken place with colleagues within the local authority, who were looking at leading some of this work across the city. Liz believed that the red ratings were therefore realistic.

The Chair commented that the Committee was assured that the strategy exists and that there is an implementation plan, but it does not know if the Trust has improved from the last 360 Assurance audit. However, there is another audit next year and the Committee will keep oversight on this until then.

The Chair questioned whether this report could be incorporated into another report. It was agreed that this was not possible, therefore the Committee agreed to receive it every 6 months.

#### **General Governance Arrangements**

##### **11a) Service User Experience Report – Quarter 1 2019/20**

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

This is the first report that combines complaints with the components and confidence of the previous Service User Experience Report.

There have been eight more complaints than in the previous quarter. In terms of the complaint categories and our values, it is consistent to previous quarters around fairness, accountability and respect. Complaint response times are still too long and are beyond what our agreed standard is. Margaret Saunders confirmed that it is getting better as we now are working in real time, which will be reflected in the quarter 2 report.

There was one referral in the quarter to the Ombudsman.

Within the compliments section a statistical shift in the number of compliments received is noted. However, there is a caveat that there is still a discrepancy with compliment numbers, due to the backlog in Corporate Affairs. This may be adjusted in future reports as the backlog has been cleared.

The data in figure 13 will be circulated to members as an error occurred during the PDF'ing of the report, making it appear blank.

Andrea Wilson and Michelle Fearon were concerned with regards to the lack of progress on the Friend and Family Test around the collecting of the formal ways of getting feedback. A joint group has been commissioned between Clinical Operations, Quality and others being led by Tony Mank, Clinical Director for Scheduled and Planned Care Network, to look at the issue around feedback, looking at outcomes and accreditations.

**AW/TB**

Andrea Wilson drew the Committee's attention to the back of the report with regards to the triangulation of the data and would any feedback be gratefully received from the Committee on whether it is a useful report for the Committee and how it can be developed further.

Michelle Fearon complimented that it was a good reflection on bringing numbers and graphs back to reality. She also liked the anonymised case studies and trying to triangulate the feedback to what it is telling us about our services and what it means to people receiving our services.

Compliments were received from other Committee members as a work still in progress.

All staff are informed and updated by the Engagement and Experience widget on the intranet which gets updated every month with what has been received or been done, as well as the stronger links being made into Clinical Operations. This is being provided to Clinical Operations for them to take to teams.

The Committee was assured by this report.

**11b) Complaints Recovery Plan**

Margaret Saunders highlighted the following key areas:

Margaret had a meeting with colleagues from the CCG last week and the action plan was well received. The intention of the meeting was to obtain more detail to provide assurance and that there is an action plan.

The CCG had asked the Trust to submit a revised action plan with a greater degree of detail. The Trust is awaiting CCG colleagues to clarify and respond on the 25-day target in if an extension is agreed with the complainant and that those complaints then go beyond the 25 days, but are within the agreed timescale as was agreed with the complainant, adding these to be within the required target.

Jane Harriman commented that when the team met it was an issue of semantics as supposed to actual delivery and that the team had progressed a lot more than was understood on the plan and that the issue was around the wording within the plan which needs tidying up but on performance and actions there was much more done than what was reflected. The CCG have communicated this and have agreed to a tighter plan, which is really good progress.

Thanks, was given to Anita Winter, the Complaints Team, Emily and the rest of the team in Operations for the hard work put into this.

The Committee was assured by this report.

**12) Quality Assurance Committee Terms of Reference**

Tania Baxter highlighted the following key areas;

It was suggested that the tracked changes be removed and the final version of the Terms of Reference be circulated.

**MF**

The Terms of Reference have been tightened up around the membership, the Committee's purpose and to reduce the duplication and to help Committee members to understand what their duties are and those duties for the sub-groups that sit underneath Quality Assurance Committee, and what they should be doing to provide the assurance that enables this Committee to provide assurance to the Board of Directors.

Tania Baxter queried how the governance processes work, in respect of everything feeding to the Executive Directors Group. The structure chart shows that the Quality Assurance Committee does not have any sub-groups reporting to it, as everything is fed through the accountable executives. The query is around working with other colleagues as there should be a small number of groups that do feed into this Committee.

The Chair raised an issue around the responsibility of the Committee to provide assurance that people in our care and employees are kept safe but we can provide assurance on that we have in place the mitigations, policies etc to assure ourselves that safeguarding risks are minimised.

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

#### **13) Eliminating Mixed Sex Accommodation (EMSA) – Quarter 1 Report**

Michelle Fearon presented the Eliminating Mixed Sex Accommodation – Quarter 1 and highlighted the following key areas:

Maxine Statham is now the Sexual Safety Lead and the Trust is now part of the national collaborative. This has been piloted on the wider programme of quality and accreditation. Michelle Fearon suggested that it would be useful if an agenda item was brought around what is being done in the acute services re the number of accreditations and the national collaboration scheme.

The Sexual Safety Group, chaired by Andrea Wilson, had done the work and we now have a draft leaflet and policy that is going through the Trust's Service User Safety Group.

There are no reported breaches on EMSA for this month and the Trust continues to engage with the CCG colleagues.

There have been no concerns from the sample audit of service users' DRAMS, notes or around safety, EMSA and no complaints from the Quality of Experience Survey. For the quarter there were only 6 notes of concern out of 80, which in particular related to people's feelings of safety.

The CQC has not raised any issues.

The Chair commented that this is a good example of good positive work and that we can be confident that we are overseeing and monitoring this very robustly.

The Committee was assured by this report.

**MicF**

14)	<b>Clinical Effectiveness Group – Quarterly Assurance Report</b>	
<p>Tania Baxter presented the Clinical Effectiveness Group – Quarterly Assurance Report and highlighted the following key areas:</p>		
<p>The report sets out what the Clinical Effectiveness Group was to achieve and sets out what was delivered during the quarter. There is nothing that the Trust did not do that it should have done.</p>		
<p>Key points have been highlighted on page 3 are with regarding to the Trust being an outlier in one of the national audits that have taken place.</p>		
<p>The Executive Directors Group is aware of this and the information is going through to Clinical Operations which will be providing updates to the Clinical Effectiveness Group with regards to how it is being taken forward and what steps are being taken to address the issues.</p>		
<p>Physical health is on the agenda as it is an issue and we are continuing to work with and through it.</p>		
<p>The Committee received this positive report and was assured by it.</p>		
15)	<b>CQC Well-led inspection Action Plan Update</b>	
<p>Andrea Wilson highlighted the following key areas:</p>		
<p>3 actions were closed since the last report on the 28<sup>th</sup> June.</p>		
<p>The Trust now has definite end dates for the outstanding actions and a paper prepared for the Executive Directors Group, which will be shared with the Quality Assurance Committee.</p>		
<p>The telephony action will be exceeded due to the scope widening, but will be able to bring back a definite timescale paper to the next meeting. It was noted that call response rates are improving week on week.</p>		AW
<p>The Trust is recruiting for a new contact centre manager and RDASH will be sitting on the panel for this recruitment.</p>		
<p>The Chair commented that she is re-assured by the dates, as there were a few dates that were not identified, and that there has been progress from the last time this was presented.</p>		
<p>The Committee received this positive report and was assured by it.</p>		
16)	<b>Quality Impact Assessments (QIAs) for 19/20 Cost Improvement Plans (CIPs)</b>	
<p>The Committee was satisfied with what had been received and noted that there are some outstanding plans to be brought forward in Clinical Services which will be overseen by finance and the quality review.</p>		
<p>The Committee agreed that this report provided only limited assurance.</p>		

<b>Evaluation / Forward Planner</b>	
<p><b>Meeting Dates</b></p> <p>The Chair alerted the Committee to the date of the next Quality Assurance Committee meeting in October being moved a week earlier due to half term.</p> <p>The Quality Assurance Committee meeting for December 2019 will also be brought forward, following a look at the workplan. A proposal will be brought back to the next meeting, ensuring that we continue to keep quality and safety high on our agenda, whilst looking at how we can do things more effectively, possibly reducing the number of meetings.</p> <p>Jane Harriman suggested that we should add to the Terms of Reference a minimum number of meetings a year, which would make this more flexible.</p> <p><b>Significant Issues</b></p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board in October:</p> <p><b>Mental Health Legislation (MHL) Q1 Performance Report 2019/20</b></p> <p>The Committee received the quarterly performance report covering Mental Health Legislation. The Committee was assured with the work and oversight of the Group, acknowledging that more work is required within services to ensure we are fulfilling our statutory obligations in this regard.</p>	<p><b>All</b></p> <p><b>AW/TB/ MF</b></p>
<b>CLOSE</b>	

**Date and time of the next meeting**  
**Monday 21<sup>st</sup> October 2019 at 1.00 pm– 3:00pm**  
**Boardroom, Tudor Building, Fulwood**

*Apologies to PA to Medical Director*