

BOARD OF DIRECTORS MEETING (Open)

Date: 13th March 2019

Item Ref: 11a ii

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 February 2019
TIMETABLE FOR DECISION	To be discussed at March'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	February 2019

SUMMARY REPORT

Report to: Board of Directors

Date: 13th March 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 February 2019.

2. Summary

Board members will receive the minutes of the Quality Assurance Committee held on 25th February 2019 in April 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:

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 and service user experience. The Committee noted the increase in referrals to the teams, numbers on caseloads and waiting times which were above those expected following the reconfiguration of services.

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.

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 28th January 2019 at 1.00pm in Rivelin Boardroom, Fulwood, Tudor Building, Old Fulwood Road, Sheffield S10 3TH

Present:

1. Richard Mills Non-Executive Director, Acting Chair (RM)
2. Ann Stanley Non-Executive Director (AS)
3. Dr Mike Hunter Executive Medical Director (MH)

In Attendance:

4. Clive Clarke Deputy Chief Executive/Executive Director of Operations (CC)
5. Liz Lightbown Executive Director of Nursing, Professions & Care Standards (LL)
6. Jane Harriman Deputy Chief Nurse, NHS Sheffield CCG (JH)
7. Brenda Rhule Deputy Chief Nurse (BR)
8. Margaret Saunders Director of Corporate Governance (Board Secretary) (MS) (part)
9. Tania Baxter Head of Clinical Governance (TB)
10. Julie Edwards Director of AHPs (item 7)
11. Richard Bulmer Associate Director, Scheduled and Planned Care (RB) (item 6)
12. Stephen Knight Director, Primary Care Sheffield
19. Marthie Farmer PA to Medical Director (Notes) (MF)

Apologies:

14. Sandie Keene Non-Executive Director, Chair (SK)
15. Laura Serrant Non-Executive Director (LS)
16. Michelle Fearon Director of Operations & Transformation (MicF)
17. Andrea Wilson Director of Quality (AW)
18. Jonathan Mitchell Associate Medical Director for Quality (JM)

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 reported.	

<p>2) Minutes of the meeting held on 17th December 2018</p> <p>The minutes of the meeting held on 17th December 2018 were agreed as an accurate record with the two following amendments:</p> <p><i>Item 11 Service User Safety Group – Quarterly Assurance Report, safety glass issue.</i> This should read “An update to the issue of the safety glass will be given at the Service User Safety Group in January. They will remain sighted on the issue and report back to this Committee by way of quarterly reporting.</p> <p><i>Item 11 Service User Safety Group - Quarterly Assurance Report, Physical Health Policy.</i> This should read “The Chair noted that the Physical Health Policy has been reviewed and will be going to January’s Policy Governance Group.”</p>	
<p>3) Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p>6) Infection Prevention and Control (IPC) – Quarterly Report (Q2)</p> <p>Liz Lightbown updated the Committee on the planned full day IPC conference, on behalf of the Trust, which is scheduled for the 25th June 2019 at the Holiday Inn, Sheffield.</p> <p>12) Community Services Waiting Times Deep Dive</p> <p>Richard Mills noted that the CMHT action plan is on the agenda for discussion today and that a wider review on CMHTs will be timetabled on next month’s meeting’s agenda.</p> <p><u>Action Log:</u></p> <p>Members reviewed and updated the action log accordingly.</p> <p>Litigation Annual Report</p> <p>The Litigation Annual Report was received for noting and Dr Mike Hunter thanked Andrea Wilson and Anita Winter for producing this report under challenging circumstances.</p> <p>Tania Baxter highlighted the following key areas:</p> <p>Nationally, claims do appear to be falling in numbers, however, increasing in value. The Trust is seeing increases in claims and both non-clinical claims and clinical negligence claims have increased from 2016/2017 to 2017/2018.</p> <p>The Trust received two new clinical negligence and 13 new non-clinical claims during this period.</p> <p>The report gives an overview of what the new and ongoing claims are and sets out what action the Trust has taken in response to them. It also shows how the Trust has responded to previous claims to show it has tried to improve our service offer and mitigate against future litigation in these areas.</p>	

There are two ongoing clinical negligence claims, both relate to service user suicide and the report describes the learning taken from these cases. SHSC, in partnership with multi-agencies across the city, has developed a Suicide Prevention Strategy.

The Trust is leading the way in suicide prevention and post-vention and is training staff to a high level in this area to help us achieve this.

The Trust received two new clinical negligence claims in the year and a lot of work was done around our risk assessment frameworks to ensure that they are fully reflective of individual risk and promote bespoke care planning to address risks identified.

Policies and procedures are reviewed and updated to reflect current national guidance and best practice.

Environmental Risk Assessments take account of visitor safety, and are more robust in identifying potential „blind spots“.

Individual risk assessments to identify potential risk to self and others are carried out and safety plans are developed to protect service users and visitors.

In 2017/18 the Trust closed six clinical negligence claims where we accepted liability, with a cost implication around this liability. The Trust considered what it could improve and what it needed to do better. With regards to perinatal services, the Trust has worked with providers across South Yorkshire and Bassetlaw to improve perinatal care, which should put it in a better position going forward.

Employers“ Liability in this period is primarily around slips, trips and falls and assaults by patients on staff. More detail on the individual cases can be found within the report.

The Trust is committed to providing a safe and supportive culture by ensuring that staff have appropriate skills, training and support to enable them to work in such a way that incidents, such as assaults on staff, are avoided. It was noted that slips, trips and falls are the leading cause of workplace injuries each year and affects the well-being of staff. They are also costly to the NHS both in terms of sickness absence and Employers“ Liability claims. The Trust has taken action to develop an Estates Strategy to ensure that its workforce is provided with work spaces that are fit for purpose, and eliminate, where possible, environmental risks related to our premises.

Learning from the Health and Safety Executive Inspection in terms of the robustness of our environmental risk assessments and ensuring that they are all being reviewed in line with legislation and our current Risk Management Strategy.

The next annual litigation report will be presented to this Committee in June 2019.

MS

Jane Harriman suggested that going forward it would be useful if the actions that have been identified could be presented at either directorate level, care group level or within the governance team. She would like to understand that actions have been implemented and that things are improving as a result. Links into other actions from complaints or serious incidents would also be useful.

Richard Mills and Liz Lightbown welcomed the significantly improved report and would like to see the comments and suggestions made by the Committee reflected in the next annual report.

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.

Important areas of non-improvement is on restrictive interventions. Two of the teams namely Maple Ward and Endcliffe Ward teams have had their first coaching session with the National Health Service Improvement (NHSI) National Collaborating Centre for Mental Health, last Friday around restrictive interventions. This went very well. In addition to having the external coach from NHSI and NCCMH, our own quality improvement team is supporting the programme to ensure sustainability in the future.

It has been a couple of months since our robust approach to security was implemented on the wards and there appears to be a positive trend relating to assaults on patients from patients and patients to staff.

The Committee was assured by this dashboard.

5) Regulation Dashboard

The regulation dashboard was received for noting and the following key areas were highlighted by Dr Mike Hunter:

The dashboard has been refreshed and the results from the Community Mental Health (CMH) annual survey show improvement moving from a disappointing position (below average) in the previous year to an „average“ improved position this year. This is in the context of the survey taking place when maximum change was taking place within community services.

The Trust has not yet received this year's annual staff survey results, with national comparisons, but it has received an early iteration of the raw data, which reflects a similar position to last year. The survey results will be addressed on receipt of the full final report.

An Executive Directors Group time out session has been arranged for the 11th February 2019 to collate and understand the survey in more detail and it is expected that more analysis will be available.

<p>Details of the survey will be going to the Trust's Workforce and Organisation Development Committee (WODC) and feedback from a quality perspective will be given to this Committee at a future meeting.</p> <p>The Committee was assured by this report.</p>	MH
<p>6) CMHT Survey Results and Action Plan Overview</p> <p>The survey and action plan was received and reviewed by the Committee and the following points were highlighted within the report:</p> <p>The report analyses and discusses the content and findings of the 2018 survey and outlines actions for further improvement. The results of the survey are disappointing and indicate that community services have developmental needs across all areas.</p> <p>The survey was carried out between February and June 2018, at a time when the Community services were bedding in the changes from the reconfiguration that commenced in January 2018.</p> <p>There were two areas in the 2017 report in which the performance of the Trust was recorded as being within the „worst performing trusts“ nationally in Organising Care and Reviewing Care. In 2018, the Trust's performance shows some improvement, showing the results as „average“ to that of other trusts. However, there is still further improvement to be made.</p> <p>The disappointing nature of the results should not be underplayed, however, the work that the Trust embarked on in reconfiguring services was to address underlying problems with service delivery.</p> <p>Good progress has been made against the action plan that was developed after the survey in 2017. The action relating to the development of a 360 degree feedback system for staff, to include the views of service user views, is currently paused and requires further consideration. More thought about how to engage service users at team level on what their experience of care is required and by routinely looking at this we will be able to learn and modify our behaviour as professionals in moving forward.</p> <p>SHSC is hoping to get into a culture within this year's survey where service users will feel that their voices are valued.</p> <p>The report was received. The Committee understood the report and requested that a wider deep dive be brought to the next meeting which will answer questions around how it is being monitored and what impact it might have.</p>	CC
<p>7) Nutrition and Hydration Strategy and Implementation Plan: Bi-Annual Progress Report.</p> <p>The report was received and reviewed by the Committee and the following points were highlighted within the report:</p> <p>This progress report was received at EDG on 17th January 2019.</p>	

The Nutrition and Hydration Strategy March 2017 was developed to support the Trust in ensuring it meets all regulatory requirements regarding nutrition and hydration, and in response to the 360 Internal Audit in 2016 which identified nine risks / areas for action.

The Nutrition & Hydration Steering Group (NSG) was set up to produce, oversee and monitor progress in delivery of the Nutrition and Hydration Strategy and its accompanying implementation plan.

Each of the 2016 Internal Audit risks, recommendations and associated actions are incorporated into the Nutrition and Hydration Strategy and implementation plan.

Following a final follow up review in April 2018, 360 Assurance concluded that progress had been made and the NSG has responsibility for and continues to oversee and monitor delivery against the three year (2017–2020) Nutrition & Hydration Strategy and implementation plan.

The Nutrition and Hydration Strategy is due for review two years after its launch and this will consider the progress made against the implementation /delivery plan for years 1 and 2.

The effectiveness of the NSG in overseeing and ensuring the delivery of the Strategy will also further ensure compliance with the Malnutrition Universal Screening Tool (MUST) in all bed based areas.

New national requirements, notably responding to a NHS Improvement National Patient Safety Alert on the resources to support safer modification of food and drink, has a requirement for all NHS staff to start using the same categories for describing what food is appropriate for individual patients". The deadline for implementing this alert is the 1st April 2019. A task and finish group has been established to implement this across the Trust.

Priorities for delivery in year 3 are set for April 2019 / March 2020. The next steps are to review the Nutrition & Hydration Strategy and implementation plan by 31st March and to produce the 3-year implementation plan following a review, by 30th April 2019. The 3-year implementation plan will be reviewed at EDG for approval.

Richard Mills commented that it would be good to see the procurement of local produce within the Sheffield area as part of the strategy, as it is being developed and that it would be good to take the opportunities that are open to us. We have „cook from fresh“ in some areas and food provided in others. Our dietetic resource and the Steering Group would like to see us moving in the direction of „cook from fresh“, but notwithstanding the issues around equipment, facilities and the training for staff. There are opportunities within the acute care reconfiguration to do something in the future. There are other areas where people are self-catering and are we trying to influence people to cook for themselves within the cookery groups with dietetic assistance.

More attention should be given to people that can cook for themselves, as a skill going forward as well as looking at working with existing staff and our resources to ensure we are cooking from fresh as much as possible.

The Committee was assured by this report.

<p>8) Mental Health Legislation Update – Briefing Papers</p> <p>Liz Lightbown provided an overview on the update to the Mental Health Legislation and updated the Committee as requested.</p> <p>The Mental Health Act 1983 (MHA) and the Mental Capacity Act 2005 (MCA) are both undergoing review, the latter in respect of its Deprivation of Liberty Safeguards (DoLS).</p> <p>New legislation has also been introduced in respect of the Mental Health Units (Use of Force) Act 2018.</p> <p>Members were assured that developments in Mental Health Legislation (Mental Health Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Mental Health Units (Use of Force)) are being monitored in the Trust, in order that appropriate planning can take place as necessary for changes in practice that may be required as a result.</p> <p>There have been 154 recommendations made on the Mental Health Act thus far, with the Government only accepting two of these.</p> <p>The Mental Health Units (Use of Force) Act 2018 received Royal Assent and therefore became law on 1 November 2018. The other provisions of the Act will come into effect on the date set out in the accompanying Regulations, which are yet to be received. There are requirements for us as an organisation which are being considered. A „responsible person“ is to be nominated within the Trust who will have responsibilities in relation to ensuring that the Act is delivered in practice, with the right governance and that all the reporting systems are in place. This will build on systems and processes that we already have in place. This Committee will have oversight of this as well as will the Board of Directors.</p> <p>It is suggested that a Board development session will be required at some point on the legislative changes, together with the implications for our services and service users. Implications include training and the Trust needs to ensure that there are staff who are able to deliver against the requirements of the Mental Health Units Use of Force Bill. The Trust will need to be clear about statutory roles and responsibilities at all levels and the governance arrangements required to support these.</p> <p>The Mental Health Legislation Operational Group will start in February 2019 and will be taking a role in considering the legislative changes. This Group will report to the Mental Health Legislation Committee.</p> <p>Once the regulations are in place and what the Trust needs to report on is known, an update will be brought to this Committee.</p> <p>This Committee will receive further information around May of this year.</p>	<p style="text-align: right;">LL</p>
<p>9) 360 Assurance Internal Audit – Infection Control, Final Report.</p> <p>Liz Lightbown gave feedback on this report and highlighted the following key areas:</p>	

An internal audit on infection prevention and control was commissioned to provide independent assurance on the Trust's arrangements to ensure compliance with the Infection Control Code of Practice. In particular this reviewed governance arrangements, policies and procedures, staff training, risk assessment, escalation and management.

The final report from 360 Assurance was received and gave a „Significant Assurance“ audit opinion. Eight Risks were identified: three medium and five low with nine accompanying actions being agreed upon.

Delivery of the agreed actions is being led by the Deputy Chief Nurse, Brenda Rhule and the Senior Nurse Infection Prevention and Control, Katie Grayson. This Committee will receive a report on the actions once completed, which are currently on track and progress is being made.

The Committee was assured by this report.

LL

General Governance Arrangements

10) Board Assurance Framework (BAF)

Margaret Saunders gave feedback on this report and highlighted the following key areas:

The BAF was presented to the Board in November 2018 and it was agreed that the number of controls should with reviewed and rationalised with a view to reducing the overall size of the BAF. A comprehensive review of the BAF has taken place, resulting in the rationalisation of a significant number of controls on a number of risks, review of risk descriptions and review of assurance ratings.

The BAF has had a thorough review and only a number of risks are remaining. A number of risks have been closed and two have been reassigned to the Board of Directors. These changes also reflect the outcome of the CQC Well-led inspection and the Trust's resulting action plan.

Overall, progress has been made but there is still some remaining progress to be made.

Ann Stanley commented that the work that had been put into streamlining this report has been welcomed. Using the BAF now has to become embedded in all of the Committees and a lot of work has been done to promote it.

Committees now need to concentrate on the levels of assurances that the controls are giving them, to ensure that they are focusing on the right things and to ensure they are addressing the risks. An example was discussed in relation to a Cost Improvement Plan (CIP), whereby workforce changes were proposed. This Committee needs to be assured about the effective use of its resources in terms of the impact of quality and care.

A legitimate question should be asked in relation to obtaining clarity on where would be the best place to manage such discussions, between the Quality Assurance Committee and / or the Workforce and Organisation Development Committee.

<p>It was noted that the complaints report, and the developments being made to improve this, needs to be incorporated into the BAF.</p> <p>The Committee was assured by this report.</p>	MS
<p>11) CRR Aligned Risks</p> <p>Margaret Saunders gave feedback on this report and highlighted the following key areas:</p> <p>Since its last presentation to QAC in October 2018, risks have been reviewed and presented to EDG on a monthly basis. A further review has taken place to ensure alignment of risks with the Trust’s action plan in response to the CQC Well-led inspection where necessary.</p> <p>There were a number of de-escalated risks with a couple of new risks added and one in particular is generated around the exit from the European Union.</p> <p>Good progress has been made with four being de-escalated and one remaining the same.</p> <p>Dr Mike Hunter flagged up the risk around ligatures to give clarity to the Committee that its de-escalation did not diminish the importance of the issue, but simply acknowledges that there were many structural things that needed doing across the Trust’s estate to ensure a safer environment. From a point of ligatures, this has all been done apart from one.</p> <p>The Committee was assured by this report.</p>	
Efficient and effective use of resource through evidence based clinical practice	
<p>12) Research and Innovation Bi Annual Report</p> <p>Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>As an organisation we are achieving our targets on recruiting in terms of timescales and targets for our NIHR studies and are we successfully bringing in Research Capability Funding (RCF) monies.</p> <p>Research and Innovation Group (RIG) meetings are effective, supported by good internal processes, such as reporting of key performance metrics, forward planning and consideration of governance breaches if they occur.</p> <p>In September, the RIG was updated on the projects which received Research Capability Funding (RCF), and it was agreed that the funded projects presented opportunities to develop applications to the NIHR which had a realistic chance of success, and addressed the challenges within the Trust.</p> <p>A meeting took place last week between Kevan Taylor, Mike Hunter, Scott Weich (Consultant and Professor in Mental Health at the School of Health and Related Research) and John Brazier (Head of SchARR) which was a productive preliminary discussion on the setting up of University NHS Research Institution for Mental Health and what this would look like.</p>	

<p>This was an early exploration of this and the spirit of it was of having a positive outlook.</p> <p>The Committee was assured by this report.</p>	
<p>13) CQUIN's – Quarterly Progress Report (Q3)</p> <p>Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>CQUINs are on track but we are challenged in relation to the tobacco indicator and young people meeting their transition goals.</p> <p>Following a Coroner's inquest about a year ago, the Coroner wrote to the Trust to express concerns over a gap within service provision for 16 and 17 year olds. A further recent inquest has again highlighted this issue. SHSC has said that the Trust would like to lead this and engage with Sheffield Children's and the Clinical Commissioning Group (CCG) as it clearly cannot continue this way with adhoc „back stop“ arrangements, as opposed to a properly commissioned solution to a gap in service. Issues need to be highlighted and understood and pressure should be applied to the CCG or Integrated Care System (ICS) to deliver different solutions. This could be usefully discussed at the Board of Directors meeting or at a Board Development Session. It was noted that this issue is in the public domain.</p> <p>The Coroner has indicated that they are going to write to the CCG expressing concerns around the CAMHS service not being properly resourced to provide the level of service required. The Coroner will also write to the Trust and Sheffield Children's expressing concern that whilst the gap is being closed, they would like some assurance around the sustainability of the closure.</p> <p>Jane Harriman commented that this is being addressed alongside other pieces of work where the CCG and Sheffield Children's are working on CAMHS and quality. Following a CQC visit last year, actions have been taken at Sheffield Children's based on results of feedback from staff, patients and relatives and a serious piece of work around CAMHS is being undertaken.</p> <p>A Coroners Regulation 28 will be received at the CCG, Sheffield Children's and SHSC and by the nature of it being transition work, all parties need to work together to address it.</p> <p>At February's Board meeting, this issue needs to be added to the risk register.</p>	<p>MH/MS</p>
<p>14) Quality Improvement and Assurance Strategy Update</p> <p>Dr Mike Hunter gave feedback on this report and highlighted the following key areas:</p> <p>An updated Quality Improvement and Assurance Strategy was presented to the Quality Assurance Committee following the findings from the recent CQC well-led inspection.</p>	

A previous paper had been brought to the Committee in November 2018 which set out the suggested changes that were deemed appropriate within the strategy, in order to ensure its continued alignment with Trust priorities.

In line with the Trust's Scheme of Delegation, this Committee should recommend to the Board of Directors the Strategy for ratification. However, due to the minor and insignificant amendments that had been made to the Strategy, it was suggested and agreed that this did not warrant further Board approval.

15) Clover Group Governance Report

Stephen Knight gave feedback on this report and highlighted the following key areas:

This report provides assurance on the governance arrangements around the managed GP practices partnership and the internal assurance processes. It also gives an overview of the service and details the significant improvements in safety and quality that have occurred during the last 2-3 years.

Through a pro-active approach to change and a quality improvement programme, this service has seen significant and consistent improvement. Whilst work is still required to progress the service, particularly with regard to financial performance, it is important to reflect on the changes to date. Highlights to demonstrate these changes are:

- The financial gap to balance is now less than a third of that in 2016-2017
- The group now meets same-day demand pressures at all sites.

The governance approach in the managed practices has been delivered over the last 2-3 years with an effect of improving quality. It has demonstrated a mature and trusting partnership approach and has benefitted greatly from the integrated partnership. There is still improvement to deliver, but the foundation of safe and effective services has been laid.

Re-focussing efforts at this stage are to improve efficiency, before moving quickly towards the quality improvement work which will set Clover Group out as a market leader of providing General Practice services at scale.

It has been a success story regarding improvement, but is yet to tackle the fundamental risk of continuing to provide this level of service quality within the financial envelope.

The Committee was assured by this report.

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 February:

Community Mental Health (CMH) Survey and Action Plan Overview

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

Nutrition and Hydration Strategy and Implementation Plan

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

Mental Health Legislation Update – Briefing Papers

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

BAF and CRR Aligned Risks

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

Quality Improvement and Assurance Strategy Update

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

Clover Group Governance Report

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

CLOSE

Date and time of the next meeting

*Monday 28th January 2019 at 1.00 pm– 3:00pm
Conference Suite, Tower Building, Fulwood*

Apologies to PA to Medical Director