

## Board of Directors - Open

Date: 11<sup>th</sup> November 2020

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>	Richard Mills, Chair, Quality Assurance Committee Non-Executive Director
<b>ACTION REQUIRED</b>	For Members to be assured of action taken regarding significant issues received and discussed.

<b>OUTCOME</b>	Members are aware of the significant items discussed at the Quality Assurance Committee on 26 <sup>th</sup> October 2020.
<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 Quality Assurance Committee
<b>STRATEGIC AIM STRATEGIC OBJECTIVE</b>	Strategic Aim: Create a great place to work Strategic Objective: CQC Getting Back to Good.
<b>BAF RISK NUMBER &amp; DESCRIPTION</b>	BAF.00003 - There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements. BAF.00004 - There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Improvement Code of Governance NHS Providers Foundation of Good Governance The Healthy NHS Board Principles for Good Governance
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Timely Reporting to the Board of Directors
<b>CONSIDERATION OF LEGAL ISSUES</b>	None identified

<b>Author of Report</b>	Richard Mills
<b>Designation</b>	Chair, Quality Assurance Committee (Non-Executive Director)
<b>Date of Report</b>	28 <sup>th</sup> October 2020

# Summary Report

## 1. Purpose

For approval	For assurance	For collective decision	To seek Input	To report progress	For information	Other (Please state)
	✓					
To report to the Board of Directors, items of significance discussed at the Quality Assurance Committee meeting held on 26 <sup>th</sup> October 2020.						

## 2. Summary

Board Members will receive the Quality Assurance Committee minutes from the meeting held on 26<sup>th</sup> October 2020, at the next appropriate Board meeting. However, every meeting is reviewed and this report notifies Board Members of the following significant issues:

### Integrated Performance and Quality Report

The Quality Assurance Committee received and discussed the new Integrated Performance and Quality Report and noted the latest position in terms of the Covid - 19 Pandemic within the Trust and the wider health economy.

### Care Quality Commission (CQC) – Getting Back to Good Progress Update

The Quality Assurance Committee received and discussed the Care Quality Commission (CQC) – Getting Back to Good Progress Update and would like to inform the Board of Directors that the Committee will continue to closely monitor all issues raised in relation to Policies, IT Developments and Estates to ensure that improvements made are sustained for the delivery, monitoring and scrutiny of Section 29A actions into the overall Back to Good work programme.

### Care Quality Commission (CQC) – Annual State of Health Report

The Quality Assurance Committee received this report and noted the specific areas that related to the Trust in terms of good quality care and appropriate environments, as well as the concern around the training and the understanding of the application in terms of the Deprivation of Liberty Safeguards (DoLS) within older people services.

### Care Quality Commission (CQC) Community Mental Health Survey Action Plan

The Committee would like to inform the Board of Directors that it received and noted the improvements made within this action plan. The Committee has further requested for the action plan to be more meaningful in terms of the issues raised with regards to care plans for all service users and improved feedback processes.

### Draft Annual Quality Account

The Committee received the Draft Annual Quality Account and noted that the final version will be presented to the Quality Assurance Committee Meeting in November, requesting a recommendation for this to be approved at December's Board of Directors meeting.

## **Nutrition and Hydration Strategy Progress Report**

The Quality Assurance Committee received and discussed the bi-annual Nutrition and Hydration Strategy Progress Report and noted the steps that had been taken in terms of the way forward, as well as the priority to revisit, discuss and agree the revised implementation dates.

## **Board Assurance Framework and Corporate Risk Register**

The Committee received and reviewed the reports in terms of the Board Assurance Framework and the Corporate Risk Register. It was noted that there had been no changes to controls since the last presentation, and the Director of Nursing, Professions and Operations committed to reviewing these risks.

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

The Quality Assurance Committee would like to notify the Board of Directors of the issues raised with regards to this report. The Committee deemed that evidence and assurance around key safety issues was lacking and more work was needed in terms of the report content to ensure there is more focus and efficient oversight in terms of monitoring service user safety to provide strengthened assurance.

## **Acute Care Programme and Out of Area Placements**

The Committee would like to notify the Board of Directors that it is awaiting reports related to the recovery plan for Out of Area Admissions as well as a review in terms of the Acute Care Pathway. These have been scheduled into the Committee's work programme.

### **3. Next Steps**

Reports on progress made and actions taken will be received at the next Quality Assurance Committee meeting.

### **4. Required Actions**

Board Members are asked to note the significant issues raised and be assured that the Committee has taken appropriate action.

### **5. Monitoring Arrangements**

Through the Governance Groups reporting to the Quality Assurance Committee.

### **6. Contact Details**

Sandie Keene,  
Chair  
Quality Assurance Committee

# Quality Assurance Committee

Minutes of the meeting of the Quality Assurance Committee of the Sheffield Health and Social Care NHS Foundation Trust, held on Monday, 28<sup>th</sup> September 2020 at 1.00pm, Virtual via Microsoft Teams Meeting.

## Present:

- |    |                |                                    |
|----|----------------|------------------------------------|
| 1. | Sandie Keene   | Non-Executive Director, Chair (SK) |
| 2. | Richard Mills  | Non-Executive Director (RM)        |
| 3. | Heather Smith  | Non-Executive Director (HS)        |
| 4. | Dr Mike Hunter | Executive Medical Director (MH)    |

## In Attendance:

- |     |                   |  |
|-----|-------------------|--|
| 5.  | Beverley Murphy   | Director of Nursing and Professions and Operations (BM)                                  |
| 6.  | Maggie Sherlock   | NHS Sheffield CCG (MS)   |
| 7.  | Alun Windle       | NHS Sheffield CCG (AWind)  |
| 8.  | David Walsh       | Director of Corporate Governance (DW)  |
| 9.  | Phillip Easthope  | Executive Director Finance (PE)  |
| 10. | Julie King        | Interim Director of Quality (JK)   |
| 11. | Jonathan Mitchell | Associate Medical Director for Quality (JM)  |
| 12. | Christopher Wood  | Associate Clinical Director for Crisis & Emergency and Scheduled & Planned Care Networks |
| 13. | Tania Baxter      | Head of Clinical Governance (TB)   |
| 14. | Julie Walton      | Head of Care Standards(JW)   |
| 15. | Deborah Horne     | Associate Director, Crisis and Emergency Care Network (DH)                               |
| 16. | Richard Bulmer    | Associate Director, Scheduled and Planned Care Network (RB)                              |
| 17. | Joanne Slater     | Complaints and Litigation Manager (JS)   |
| 18. | Vin Lewin         | Clinical Risk Manager (VL)   |
| 19. | Jo Evans          | Continuous Improvement Manager (JE)  |
| 20. | Marthie Farmer    | PA to the Executive Medical Director (Note taker) (MF)                                   |

## Apologies:

- |     |                 |   |
|-----|-----------------|---|
| 21. | Jan Ditheridge  | Chief Executive (JD)  |
| 22. | Michelle Fearon | Director of Operations (MicF)                                       |
| 23. | Rob Verity      | Associate Clinical Director, Crisis and Emergency Care Network (RV) |
| 24. | Katie Grayson   | Lead Nurse, Infection, Prevention and Control (KG)                  |
| 25. | Dominic Watts   | Service User Governor Representative (DW)                           |

No	Item	Action
1)	<b>Welcome &amp; Apologies</b>	
	The Chair welcomed everyone to the meeting and noted the apologies.	

<p>The Committee expressed their condolences and sadness to the family and Birch Avenue regarding the staff member who tragically passed away due to Covid 19 over the weekend.</p> <p>The Chair welcomed the New Chair of the Trust, Mike Potts, to the meeting.</p>	
<p><b>2) Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
<p><b>3) Minutes of the meeting held on 27<sup>th</sup> July 2020</b></p> <p>The minutes of the meeting held on 22<sup>nd</sup> June 2020 were agreed as an accurate record.</p>	
<p><b>4) Matters Arising &amp; Action Log</b></p> <p><b>7) Compliance with Fundamental Standards of Care (Care Quality Commission (CQC) Update:</b></p> <p><b>a) CQC Progress Update</b></p> <p>The Chair confirmed that the action for Beverley Murphy to take the Non-Executive Directors through the progress was completed.</p> <p><b>Action Log</b> Members reviewed, discussed and updated the action log accordingly.</p> <p>Beverley Murphy raised her concerns in terms of the number of reports that are addressing the process and not the outcomes. More work is required to bring papers into a position to tell us more about the learning and improvements within the organisation.</p> <p>Beverley Murphy asked for more information on the action for Black Lives Matter. The Chair responded that Chris Wood was leading on a piece of work that would be presented to the Committee to provide assurance at a future meeting. Chris confirmed that he was leading on a piece of work in terms of ethnicity and restrictive practice. Dr Mike Hunter commented that it was in terms of the specific issue around the Big Conversation around racism that is being led by the OD Director, Rita Evans and that discussion should take place at People Committee. A deep dive and system look at the potential inequalities experienced by BAME service users would be beneficial to understand any issues needing attention in the Trust. Chris Wood agreed to expand the scope of his work and bring information back to the Trust at a future date.</p> <p>Beverley suggested a meeting with the Chair, David Walsh and herself for the action point in terms of the review for the Terms of Reference and operating model for the Committee. The Chair supported the change, but requested that Tania Baxter also be included in this meeting.</p>	<p><b>CW</b></p> <p><b>SK/BM/ DW/TB</b></p>

**5) Quality Report amalgamation with Performance Report**

Beverley Murphy presented a verbal update to the Committee due to the amalgamation of the Quality and the Performance report to enable the Board and Sub Committee's to receive an integrated report which is consistent with the performance framework that NHSI operate and allows us to triangulate all the intelligence across our organisation and get us to look at important data one way and determine the duplication we have over a number of reports.

The Committee was assured that the Board has continued to receive the quality and performance reports. Dr Mike Hunter, Executive Medical Director and Beverley Murphy, Director of Nursing have continued to work with the quality governance and patient safety colleagues to work with clinical operations to understand what is happening in parts of the organisation that relates to the quality of service that service users are experiencing.

The draft performance report is being presented to the Committee today and the Board is expected to receive the first integrated Quality and Performance Report at the October meeting.

**6) Care Quality Commission (CQC)**

**a) Getting Back to Good Progress Update**

Julie Walton, Head of Care Standards presented a progress update combining the 'Care Quality Commission Section 29A action plan' and the Delivery of 'Back to Good' papers. Work is progressing across the seven 'Back to Good Programme' work streams with increasing consultation and involvement across services and teams.

Julie drew the attention of the Committee to the work on the dormitories for Maple and Dovedale 1 wards that have commenced and are scheduled to be completed in September 2020, and that the work on Dovedale 2 can now progress due to the vacation of Perinatal Services to Argyll House and is not being delayed as stated in the report.

The Committee was alerted in terms of Supervision that is progressing well and therefore an amendment has been made to the control limits on the SPC charts. As of the 1<sup>st</sup> June in agreement with the new policy compliance will now be reported at 80% against 8 supervisions.

Richard Mills raised his concerns in terms of the Insight upgrade that failed and what the impact it had on the recording of the Physical Health data. Chris Wood responded that after conversations with IT Colleagues to progress and proceed with the NEWS 2 developments outside the Insight upgrade, which was previously thought it could not be done until the upgrade was completed but have learned that we are able to deploy it in line with the previously agreed time schedules.

Maggie Sherlock asked about the staffing levels and the experience of staff in terms for the deteriorating position in the experience and skill mix. Beverley Murphy responded that most people do complete their preceptorship within

the first 9 months of their registration, and the Trust had numerous staff who have just completed their preceptorship with more due within the next few months. With more substantive nurses in post and everyone coming into post we will be reducing our vacancy factor considerably.

Chris Wood responded to the query from Alun Windle in terms of the NEWS2. Staff within inpatient areas have been trained on the Royal College's NEWS2 training platform, and during October will be doing local training on the use of the IT system.

Julie King responded to the query Alun Windle had in terms of the deterioration and dip in physical health checks, in that there was no dip in the monitoring of the physical health which is done 7 days a week. Dr Mike Hunter drew the Committees attention to the vertical axel reads from 94% to 100%, and what looks like quality perceptive deterioration is actual an 97% to 99% compliance.

Mike Potts queried around why the crucial Insight upgrade did not happen and what the reasons were and when we were likely to get the upgrade. Chris Wood responded that a second date for the 31<sup>st</sup> October has been proposed. The reason for the non-delivery was complex and complicated and due to running out of time. A decision was made in terms of patient safety grounds and that it would be better to hold the upgrade, to re plan and have another attempt than to proceed. Dr Mike Hunter informed the Committee that Dr Raihan Talukdar has been appointed as the Chief Clinical Information Officer and is the role for a clinician to have a foot in both clinical and IMST.

Heather Smith queried the number of slippages and extensions around policy development. David Walsh responded that there is a narrative around those which are off-track, and that the query can be covered when we get to Appendix 1 in Item 15. Dr Mike Hunter responded that slippages are a significant concern and was seen at the Back to Good Board in terms of the number of exceptions increasing. It is being followed up and a trajectory will be presented to get the exceptions back in line against the timescales.

The committee noted concerns raised about IT, staffing, physical health checks and delays to Policy developments. Reassurance about progress in these areas was received at the meeting. The chair notes that the meeting was asked to note progress from Back to Good work, to note the improvement plan and assure itself that robust project management was in place. The Chair noted that the committee is assured of the plan and project management and were looking forward to seeing the outcomes on some of the identified problematic issues in the coming months.

The Committee would further like to note the issues that the Committee have raised around IT, staffing, physical health checks and the delays in terms of policy developments. The Committee was assured by the verbal responses received and that the Board is sighted on the issues and does the Committee look forward to a positive movement of issues raised in future reporting.

Beverley Murphy provided the assurance and commented that at People Committee last week a detailed paper was presented around recruitment and are committed to providing the People Committee with a monthly sheet on how many people are coming into post over the coming months and how it

would be responding to the reduction in vacancy rates and would include it with the Back to Good report in the future.

The Chair noted that the Committee have had assurance around the actions taking place and were looking forward to seeing the outcomes on some of the problematic issues in the coming months.

#### **b) 360 Assurance Report – CQC Action Plan Assurance**

Tania Baxter, presented the reports and highlighted the following areas:

The overall objective of this review was to provide an independent assurance on specific actions that had been implemented from the Trust's 2018 CQC Action Plan.

The opinion provided from this audit was 'limited assurance' as it was deemed that the Trust did not make sufficient progress in completing the actions required following the 2018 CQC inspection.

Because of this audit 1 high and 5 medium actions were proposed and agreed.

Since this audit was undertaken, the Trust has embarked upon its 'Back to Good' programme which has clearly defined workstreams and a robust quality assurance process has been established, including the establishment of the Back to Good Board and associated Terms of Reference.

Heather Smith raised her concerns in terms of the actions that were taken to ensure that actions were embedded rather than just ticking off when an action has been completed. Beverley Murphy responded by stating that all actions will be audited and evaluated to ensure embedding and sustained improvement.

#### **c) 360 Assurance Report – CQC Local System Review – Action Plan Follow Up – Advisory Review**

The CQC carried out a "local system review" in Sheffield in order "to understand how people move through the health and social care system with a focus on the interfaces between services". The overall objective of this advisory review was to assess the progress made against the CQC Local System Review Action Plan.

No additional recommendations for further actions were given, however, some learning points were captured. It was deemed that the action plan was successful and helped to focus attention on areas where further work was needed, for example in relation to deferring actions, checking sustainability of improvement and Escalation processes. There is however scope to further develop a culture across the Acute Care Partnership which fosters more closer working across partner organisations.

The Chair commented that the Committee has been asked to receive and note the reports and in particular noted the learning that has taken place to be incorporated into what we now consider as our Back to Good Programme.

**7) Evaluation of the Reconfiguration of Community Mental Health Services in Sheffield**

Dr Mike Hunter, Executive Medical Director presented the report and highlighted the following areas;

The School of Health and Related Research (ScHARR) was commissioned by the Trust to evaluate the effectiveness and impact of the reconfiguration of community services at the end of 2018, to particular understand the learning and how our approach to configuration and redesign might be improved in the future.

The report was a helpful report with learning and did make 7 recommendations. It used a mixed method approach which involved data analysis and was highly reliant on focus groups and experiential accounts from staff, carers and service users about the process.

The Committees attention was drawn to the significant change in context since the report was written. We do know of the industrial relations and the potential industrial dispute in the Community Mental Health Teams which has been significantly been progressed with working with ACAS and Phillip Easthope as the Executive Director that is leading with the Unions on the staff side CMHT transformation programme in order we draw together and were happy to contribute and articulate what would good Community Health Services in Sheffield look like.

The Committee was asked to receive the report and recommend the report to the Community Transformation Programme.

Heather Smith queried in terms of governance were does transformation report to and if Phillip Easthope was going to provide reporting in terms of the way we handle this change management process and not just the system we need to come up with. Phillip Easthope commented that the Transformation Board will report all for this period to FBC on a routine basis.

Richard Mills queried on how do we ensure that service reconfigurations are completed in a sound way, where do they report to and how is it monitored and scrutinised at Committee's and not repeat the mistakes. Dr Mike Hunter responded by sharing the extra checks and balances, including the well-led good governance improvement programme. Additionally, the Board would be sighted on evidence for assurance.

Phillip Easthope added that additional clarity was needed around the additional assurance that flows through the Committees especially if it is not going the PC to Board or Transformational Board. The organisational change process has been revised in conjunction with staff side, giving us, a better framework going forward.

Mike Potts commented that in terms of his brief engagement with the Council of Governors is in relation to this and not being listen to and if there was something to ensure we did pay enough attention to listening to users and carers involving and using the council.

Dr Mike Hunter supported the statement from Mike Potts and commented that it would be something that would triangulate and be picked up in the staff survey, report and from Governors and the learning and change needs to take place.

Richard Bulmer commented that one of the recommendations is organisational reflection, which has been challenging during Covid 19. In the last 6 months there has been considerable organisational reflection on how the Trust got an inadequate rating, and learnings from this shared to drive improvements.

The Chair queried if this could be taken forward in the Transformational Board in terms of the cultural work that is being done in moving forward with the organisational development.

Beverley Murphy recommended that Richard Bulmer take this question to the event that Jan Ditheridge is facilitating next week with the senior leaders in the organisation and would it be worth continuing this conversation in there on how senior leaders reflect together.

The committee received the report and asked that the recommendations were fully incorporated into the work of the transformation work regarding CMHT's.

## **Efficient and Effective Use of Resource Through Evidence Based Clinical Practise**

### **8) Draft Performance Framework**

Phillip Easthope, Director of Finance presented the draft Performance Framework and highlighted the following areas:

This is the first draft of the Performance Framework being presented to the Committee for their comments and feedback. It is proposed the framework is reviewed in 6 months in readiness for the 2021/22 Annual planning.

Any additional feedback after the meeting would be welcomed via email or arranging separate conversations. An approach of 'you said we did' will be taken to enable people to see how feedback influenced the development of the framework.

The performance framework is still work in progress. Some questions will be unanswered due to there being no workable KPI's and targets for this year due to them being step down for Covid 19. The first steps to be agreed include which targets, KPI's and National Practice Benchmarks provide a framework to maintain as part of an annual process.

Critical key pieces of work in terms of the development of the Performance Framework are ongoing, and team to Board reporting governance work would need to be incorporated into the framework.

There would be an opportunity to access the standards at Board, and have an understanding where we are, plus have an annual process to determine what we want to see differently next year. This would then promote operational planning for contract negotiations, etc., and oversight going forward.

Richard Mills raised his concerns in terms of the functioning of the Committees and the role of each Committee Chair. The Chair raised a question around the consistency between the Committees and identifying the level of assurance.

Phillip Easthope commented that floor to Board reporting is essential, along with effective governance processes. This will provide assurance that our information is accurate, we can evidence, and will continue to test. Information would be presented to Committees, and the Board would also receive assurance through internal processes e.g. internal audits, and external processes such as CQC. The Framework would provide the ability for the organisation to set the standard, have consistency and be monitored against.

The Chair commented that in attempting to be comprehensive it can be become inaccessible. More work will be needed regarding sectioning and clarity to make it more accessible to the different audience it appeals to and make it easier to access.

Mike Potts commented that a good root and branch review needs to be done on how this all fits together and be clear on the sub committees and the chairs.

The Committee had raised their concerns around the consistency, governance and accessibility and further note the Committee is looking forward to seeing the progress in the next iteration of the report.

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

Jonathan Mitchell, Associate Medical Director for Quality, presented this report and highlighted the following;

The Clinical Effectiveness Group continued to run through Q1 in a significantly changed format due to the Covid 19 pandemic. Most of the work was paused and is only now being stepped up again.

The Chair was thankful for the report and that it was clear on what has been done and what not, and questioned if any support was needed from this Committee to get it taken forward.

The implementation of REQUAL is crucial, as is the link to Back to Good, which promotes the delivering of care to service users, and must be embedded into care planning.

The Clinical Effectiveness Committee needs more clarity in terms of the plan on the implementation which was lacking before as teams were just using outcome measures, which has not worked.

Dr Mike Hunter highlighted the initial responses in the NHS was to stand down the audits in the early stages of Covid and the next quarter 2 report should provide more detail around it being stood back up. Going forward the standing down of systems and processes we do have in place to understand what is happening won't be the NHS's reflect responses.

Dr Mike Hunter will be working with authors and chairs to ensure the next iteration of the papers does reflect what the point, impact is to address a “so what” gap.

The Chair summarised that the Committee was assured by the processes but asked for more assurance in the future around the outcomes and the “so what” question. Additionally, the traction and working with other people to enable the Committee to drive and encourage the improvement on the effectiveness issues that is being aimed for.

## General Governance Arrangements

### 10) Mental Health Legislation (MHL) Quarter 1 Performance Report

Julie King, Interim Director of Quality, introduced the report and highlighted the following areas:

This is the quarter 1 report for the work done by the Mental Health Legislation Committee for actions taken and updates from the quarter 4 report as requested by the Quality Committee.

The actions from the 2 previous quarters have now been completed.

The Committee was asked to note the inpatient Deprivation of Liberty Safeguards and Mental Capacity Act training compliance is above the Trust target at 90%. However, the Community teams are still below Trust target for Mental Health Act training, but is being monitored closely by the Mental Health Legislation Committee and Clinical Operations.

Clinical Operations and the Mental Health Legislation Committee are working closely together on the community treatment order with regarding to the explanation of patients’ rights. After the identification that there was a gap in terms of the assurance, a significant piece of work has been done and the learning and improvement details of the completed work can be found in the report and is being monitored by the Mental Health Legislation Committee on an ongoing basis and any improvements are now noted on a weekly basis. The significant improvements will be reported within the quarter 2 report.

There has been a rise in incidents concerning the administration of medication without lawful authority, which has highlighted a training issue.

Monitoring by the Associate Director of Patient Safety of compliance with requirements of the Mental Capacity Act, Insight forms for capacity and consent have been addressed and the forms updated with guidance for the correct completion for compliance on the insight forms, as was identified in the CQC Well Led Report April 2020.

Core members from Clinical Operations are now part of the Mental Health Act Liaison Committee, which is helping to get the work done and well attended meetings with progressed actions.

Training levels have been maintained by employing podcasts and workbooks.

<p>Beverley Murphy commented the Executive Medical Director and the Director of Nursing needs to have a conversation in regard to the chairmanship of Mental Health Act Liaison Committee. Beverley Murphy will take an action to follow this up outside the meeting.</p> <p>The Chair commented that the Quality Committee and individuals have tried to move things forward on Mental Health Act compliance without the robust governance below and the sense of momentum, impact or grip in all fairness which is not as a lack of knowledge but in terms of making changes. This is the first iteration and report that has shown that there was some impact from work being done by people and therefore do recognise that there is still more to be done and that we need to keep going.</p> <p>Heather Smith requested if the next report could focus more on the problem areas to provide more assurance to improve and highlight the confidence that people do have a grip more.</p> <p>Maggie Sherlock queried what the impact to the organisation was in terms of not being compliant to the Mental Health Act is and whether it is on the risk register at all. Julie King responded that a risk in this regard does appear on the risk register and that it is less of a risk to the organisation due to the timing of the paper and when it was written in terms of the learning and recognition that was needed to do provide more assurance and triangulate the evidence. More details of this will be provided to the Committee within the quarter 2 report.</p> <p>Beverley Murphy commented that the risk to the organisation will be that the Trust would be fundamentally in breach of the standards of care and that a risk to that effect is currently on the Board Assurance Framework and the Corporate Risk Register.</p> <p>Jonathan Mitchell commented that some of the reports that was presented to the Mental Health Legislation Committee had taken longer to get the compliance standardised to fit with the Mental Health Act standards. This had alerted to whether other reporting was getting accurate data coming out of the patient record system and feeding into relevant reports and teams etc.</p> <p>The Chair summarised that the Committee was asked to consider the content and to decide if further action is necessary to gain assurance. The Committee was assured in terms of monitoring, and was looking forward to receiving the Q2 report in terms of completion of actions.</p>	<p><b>BM</b></p>
<p><b>11) Infection, Prevention and Control – Quarter 1 Performance Report</b></p> <p>Beverley Murphy, Executive Director of Nursing, presented the report and highlighted the following areas:</p> <p>This report provides quarterly information following the annual plan for Infection, Prevention and Control, and highlights actions taken and needed.</p> <p>In the next iteration of the report there will be more on the 2 outbreaks of Covid 19 both in the older peoples nursing homes, 1 x Birch Avenue, 1 x Woodland</p>	

<p>View and the 2 clusters of outbreaks in the older adult's treatment and substance misuse community team.</p> <p>We have been visited by Public Health England (North East &amp; Yorkshire) infection control lead, who did not make any recommendations in terms of practice or approach. Both facilities have been locked down by our infection prevention and control lead.</p> <p>Mental Health units by design have restrictions on windows, and therefore reduced outside ventilation. Some of our services have multigenerational staff working together, and the viral load can be passed on from one person to the other even with all the safety measures in place.</p> <p>There were no issues for escalation to the Committee today.</p> <p>The Committee was assured that all aspects on infection, prevention and control are being dealt with appropriately, and the Committee was satisfied with the progress proved.</p> <p>Maggie Sherlock requested that the next report please include the detail of Covid 19 and how the Trust managed it from an infection, prevention and control perspective. Beverley confirmed that it could be included and that there was a Covid report to Board monthly in the public section.</p>	<b>BM</b>
<p><b>12) Incident Management Quarterly Report (Q1)</b></p> <p>Vin Lewin, Clinical Risk Manager presented the report and highlighted the following areas:</p> <p>This quarterly report aims to provide assurance to the Quality Assurance Committee on the Trust's incident management processes, and how the Trust is addressing the 'so what' question.</p> <p>Nationally the Trust is reporting incidents appropriately and this is supported by the number of incident reports made by Trust staff for quarter 1.</p> <p>Most incidents were reported by bed based services which is clearly a strong indicator that the community teams are under-reporting incidents and that more work is required in this area.</p> <p>In most of cases the degree of harm caused by the Trust is no harm or low harm and has been consistent over the period for 2019/20 and over quarter 1 of this reporting period.</p> <p>There still does remain areas of improvement and learning that include the:</p> <ul style="list-style-type: none"> <li>• Inconsistent use of clinical documentation</li> <li>• inconsistent monitoring of side-effects of medication</li> <li>• incomplete or missing entries into the insight system</li> <li>• internal and external communication issues between teams, services and family members</li> <li>• Lack of referral for input from alcohol and or substance misuse services.</li> </ul> <p>These areas for improvement are being addressed within the 'Back to Good Programme' and further work is still needed around violence and aggression</p>	

towards patients and staff, which accounts for the highest number of low level and no harm still being reported.

The Chair queried the imbalance between the ward and community reporting, and the number of outstanding incidents and local reviews, specifically how improvements will be made.

Vin responded that in terms of the reporting should not take us over and above but should rather put us within the top ten for reporting incidents but to balance it there is still a need for more work on the reporting of incidents from inpatient teams.

Vin assured the Committee that in terms of the number of outstanding incidents that needs reviewing, work is currently being done with individual teams and the inpatient safety team to get the incidents reviewed as quickly as possible to enable numbers outstanding to come down and should be reported within the next iteration of the report in quarter 2.

Heather Smith commented that the improving the learning of incidents and investigations needs to improve, and how it can be reflected in the report going forward to provide more assurance that the Trust is sharing lessons learnt and improving practice.

Beverley Murphy commented that herself, Tania and Vin have had a conversation in terms of the weekly connect bulletin that goes out and adding a 'Lesson of the Week' on every bulletin for all staff to access.

Beverley suggested that the report add a Gantt chart to show if we are improving or deteriorating with the timeliness we close down incident reporting. An action was given to Deborah Horne and Richard Bulmer to drive improvements in incident investigation times.

Beverley commented on the balance between incidents that are reporting within inpatients and the community in that there is a difference and that one does expect to see more incidents reported on inpatients wards than in the community.

Maggie Sherlock queried if any of the learning on incidents feed into the educational department, clinical audits and effectiveness departments on which Vin responded that it does.

The Chair commented that a task and finish group was looking at how we could improve the issues of learning and taking issues forward and asked for more reporting on the outcome of this in future reporting.

The Chair summarised that the Committee has had assurance but do recognise that there are still some gaps in the closing loops and the "so what" question, but know that we have good systems in place and have asked for more evidence that the learning has taken place and note the impact.

**DH/RB**

<p><b>13)</b></p>	<p><b>Safeguarding Adults and Children Quarter 1 Performance Report (Q1)</b></p> <p>The Chair notified the Committee that she did received the report this morning and that it was not reasonable for the Committee to consider it with the given timescale.</p> <p>The Chair requested that the Q1 and Q2 report be presented together in one report with a summary that identified the key issues of both quarters.</p>	
<p><b>14)</b></p>	<p><b>Experience Report (Q1)</b></p> <p>Jo Evans, Continuous Improvement Manager and Joanne Slater, Complaints and Litigation Manager presented the report and highlighted the following areas:</p> <p>The purpose of this paper is to offer organisational assurance about the work being undertaken to continuously develop and improve the quality of our services through learning from service user experience.</p> <p>Quarter 1 report for 2020/21 had a focus on the SHSC Eating Disorder service. Feedback received across the Eating Disorder service was overall extremely positive. Encouraging themes primarily focused on the fantastic staff, accessibility and care provision.</p> <p>Four key themes emerged as areas for improvement throughout Eating Disorder. These related to access to the service, too much focus on weight rather than mental health, service premises and environment and the impact of moving from face-to-face appointments to online as a result of Covid-19 restrictions.</p> <p>This report outlines positive changes that have been implemented, or planned, in order to address the issues raised.</p> <p>It was recognised that each source of data provided rich information and should not be viewed in isolation but triangulated to determine if there are patterns emerging, enabling the Trust to identify challenges and concerns that needed addressing.</p> <p>Across other services within the quarter, three key themes emerged as areas for improvement. These related to timely and accurate communication of information, review and update of diagnosis to inform support planning, and the collaborative care plans and risk assessments being person centred and current.</p> <p>Jo Evans raised the one concern in terms of the reduction in the number of Quality of Experience surveys and amount of feedback from inpatient wards increasing the feedback from the wards. This is currently being investigated and looked at.</p> <p>Beverley Murphy commented on the singular focus the report has, and that it would take a long time to get through all the focused areas and that it does fall back to the work to get the integrated Quality and Performance report right to enable us to have an overview and know if we have any concerns.</p>	

Maggie Sherlock queried in terms of the outstanding and the historic fast tracks within complaints some time ago and if they have been completed.

Joanne Slater responded that it was still sitting with the patient safety team and that there were measures to look at the fast track system.

The Chair asked David Walsh to take an action away and provide Maggie Sherlock with the requested information. The Chair further noted that some of the feedback is monitored in the contact meetings with the CCG that is overseeing the complaints improvement plan.

Beverley commented that David will ensure that Maggie receives the detail to her question and that fast tracks are being taken out due to recognising that they would not be treated with the same importance and focus as complaints are.

The Chair queried on the information in terms of the ombudsman in this quarter and if there were any historical ones that are still being investigated.

Joanne Slater confirmed that all the ombudsman enquires have now been dealt with and do get requests for information but have not had any for some significant time now.

The Chair summarised and thanked the team for the report and that the Committee noted the comments from Beverley in terms of the thinking and development of the report in the future. The report is starting to tell us what the key issues are and what we need to continue to focus to drive the improvement journey.

DW

## Quality Related Policies

### 15) Policies update

David Walsh introduced the report and the following policies were presented to the Committee for ratification:

- GreenLight for Mental Health Policy
- Incident Management Policy
- Extension to Review Date – Deprivation of Liberty Safeguards Policy (DoLS) MHA – Policy Governance Group was informed that the current policy review date expired on 30 September 2020, however it was 'fit for purpose' and that extending the review date to 31 October 2021 is low risk.

DoLS were due to be abolished and replace with Liberty Protection Safeguards (LPS) in October of this year, but this been delayed by a variety of factors including Covid. The extension to the review date will allow this policy to be replaced with a policy for LPS at an appropriate time, subject to the changes at national level being implemented in a timely manner.

The report further included a comprehensive list of all the policies that do come under this Committee as requested and where they are.

<p>Some of the policies are being reallocated due to the changes within the portfolios.</p> <p>David Walsh responded to the question asked by Heather Smith earlier in terms of where we are with policies in general. The Trust is in a good place, have got a hand on which ones are overdue and do go to the Executive Group on a monthly basis so enable Executive Directors to see which ones in their remit are overdue or are due shortly.</p> <p>The Chair queried in terms of the overdue policies on the list and if they were going to due next time as the Committee would like to be informed to why and any revised dates in future meetings as part of our assurance. The Chair requested this information to be brought into future reporting.</p> <p>David Walsh explained the process after each Policy Governance Group meeting but assured the Committee that the number being overdue are very small in the scale of things and are not concerning and unless there is a good reason for them being overdue an extension should be requested.</p> <p>David Walsh confirmed to make the Committee aware future reports will include which policies are overdue as well as the extended policies.</p> <p>The Chair noted the endorsement of the two policies the policy extension and that the Committee will monitor the number of extension requests going forward.</p>	
<p><b>19) Any Other Business</b></p> <p>The Chair noted that since our last meeting and today's meeting the Director of Quality, Andrea Wilson has left and the Committee would like to thank Andrea for the work she has undertaken in the last couple of years and wish her well in all of her future endeavours.</p>	
<p><b>Evaluation / Forward Planner</b></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>Care Quality Commission (CQC) – Getting Back to Good Progress Update</b></p> <p>The Committee would like to note the positive improvements in relation to Supervision. The Committee would to alert the Board of Directors to the issues raised in the meeting regarding the creeping number of extensions for policy developments; issues with IT and Estates; staffing levels and physical health checks.</p> <p><b>Evaluation of the Reconfiguration of Community Mental Health Services in Sheffield</b></p> <p>The Committee received and discussed two reports entitled 'Evaluation of the Reconfiguration of Community Mental Health Services in Sheffield' and 'Community Mental Health Team Review' and would like to refer both reports to the Board of Directors and the Transformation Board to consider the future of Mental Health Recovery Services.</p>	

<p><b>General Reporting</b></p> <p>The Committee would like to inform the Board of Directors that it is seeking to focus on the outcome of the “so what” question for example what are the reports saying; what is the detail; what are the issues of concern for the Committee and what is the learning and has this been embedded.</p> <p>The Committee acknowledges that report authors are making progress but further action is required.</p>	
<p><b>CLOSE</b></p>	
<p><b>Post Meeting note:</b></p> <p>After the meeting it was discussed and agreed that the October Quality Assurance Committee meeting would be moved from the 19<sup>th</sup> to the 26<sup>th</sup> October 2020.</p>	

**Date and time of the next meeting**

**Monday 26<sup>th</sup> October 2020 at 1.00 pm – 3.00pm**  
**Virtually via Microsoft Teams Meeting**  
*Apologies to PA to Executive Medical Director*

DRAFT