

Council of Governors

Quality Assurance Committee Update

Heather Smith, Chair Quality Assurance Committee

13 December 2022



Quality Strategy 2022-2026

- an enabling strategy to the Clinical and Social Care Strategy
- Grounded in the approach from NHSEI to move towards a Quality Management System which will co-ordinate and embed quality improvement, quality control, quality planning and quality assurance across the Trust.
- Recognises that coproduction with people who use services, their families and carers is integral to understanding quality and links the Service User strategy to the Quality Strategy



Quality Assurance Committee



The Quality Assurance Committee provides assurance to the Board of Directors in consultation with the other Board Committees that adequate and appropriate governance structures, processes and controls are in place throughout the Trust.

Its purpose is to oversee and ensure the effective delivery of:

- Safe care at all times
- Timely access to effective care
- Positive experience and outcomes for service users and carers
- Effective quality assurance and improvement underpins all we do



Quality Assurance Committee

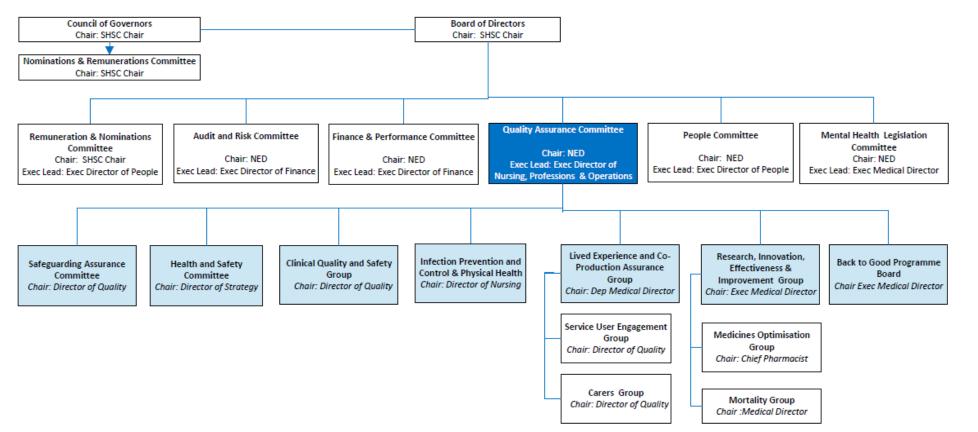


- This committee meets every month
- Membership:
 - Chair: Heather Smith, Non-Executive Director
 - Non-Executive Directors: Anne Dray, Olayinka Monisola Fadahunsi-Oluwole, Brendan Stone
 - Executive Director of Nursing, Professions and Operations: Beverley Murphy
 - Executive Medical Director: Dr. Mike Hunter
 - Director of Quality: Salli Midgley
- Attendees:
 - Director of Operations and Transformation
 - Director of Corporate Governance
 - Clinical Leadership Team representative
 - Service User Representative
 - Committee Administrator
 - Governor observer



Sheffield Health and Social Care NHS FT Governance Structure







Sheffield Health and Social Care NHS Foundation Trust



| | | | reate a great place to work nsure our services are inclusive | |
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| Key Priorities: | | | | |
| Developa cultureof continuous Improvement | Embed coproduction and lived experience methodology | Implement an evidence-based Quality Management System | Deliver a Quality Assurance Framework | Ensure sustainable high-quality outcomes |
| as an integral part of all that we do, ensuring a learning and just culture | in service developments and redesigns to provide responsive, accessible services | to coordinate and embed quality improvement, quality control, quality planning and quality assurance | to assure and control evidence- based care, benchmarking nationally as good quality | for the service users of today without compromising those of tomorrow |





Key Areas of Focus (Alert):



- Waits for treatment across community services
- Flow across the acute care pathway
- Supervision rates not consistently meeting standards
- The impact of vacancy rates on the quality of care and staff wellbeing remain a cause for considerable concern, especially on the acute pathways
- Service user experience: Service user feedback; Person-centred care; Access to interpreters.



Positive Alert:

- Care Programme Approach compliance is gradually improving
- Older adults inpatient service: positive performance in terms of lengths of stay
- Waiting time standards were good for the early intervention and IAPT teams
- Rehabilitation and Specialist Directorate are meeting supervision targets
- Reduction in incidents of violence and aggression towards staff
- More effective 'lessons learnt' reporting and focus
- Good progress with Community Mental Health Services reorganisation
- Good progress with the Clinical and Social Care Strategy (e.g. trauma-informed care)
- Progress with Patient and Carer Race Equality Framework
- Consideration of national issues of concern (e.g. Edenfield report) and the implications for us



