

Board of Directors' - Open

Date: 12th August 2020

Item Ref: 15b

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 Members to be assured of action taken regarding significant issues received and discussed.

OUTCOME	Members are aware of the significant items discussed at the Quality Assurance Committee on 27th July 2020.
TIMETABLE FOR DECISION	To be discussed at August's Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Quality Assurance Committee
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Create a great place to work Strategic Objective: CQC Getting Back to Good. 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.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Improvement Code of Governance NHS Providers Foundation of Good Governance The Healthy NHS Board Principles for Good Governance
IMPLICATIONS FOR SERVICE DELIVERY & 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	30 th July 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 27 th July 2020.						

2. Summary

Board Members will receive the Quality Assurance Committee minutes from the meeting held on 27th July 2020, at the October 2020 Board meeting. However, every meeting is reviewed and this report notifies Board Members of the following significant issues:

Peer Review Framework

The Committee received and noted this framework which provides an assessment across the key questions based on CQC methodology to support a greater understanding of the quality of services and areas which can be improved upon. The assessment process builds on the 'Let's Talk Safety' work, which concentrated on safety and the well-led key questions. It was recognised as an initiative which would strengthen the Trusts internal quality assurance processes.

Situational Report - Burbage Ward

The Committee received a situational briefing of Burbage Adult Acute Ward. This briefing contained an overview of the current operating of the ward, a brief synopsis of the patient safety concerns and the actions that have been taken to ensure the safety of patients and the wellbeing of staff. The Committee was assured with the processes established to operational monitor the ward but recognised that impact had yet to be seen.

MHA Compliance Improvement Plan

This report set out the improvement approach that has been taken to comply with actions and timescales set out in our Mental Health Act Provider Action Statements in inpatient settings and fulfilling the legal requirements to our patients under a Community Treatment Order supported by our community mental health teams. The report provided details on the actions taken to date, the next steps and the timescales for completion. The Committee was assured with the progress that has been made, acknowledging that there is further work to do.

Health and Safety Compliance

The health and safety compliance report provided an overview of the use of Health and Safety Risk Assessments in the Trust, an overview of health and safety training provision in the Trust and the Trust's compliance with Health and Safety and Fire Safety legislation. The Committee received this assurance report which had also been provided to the People Committee. The Committee also discussed a number of recent site visits that had been undertaken that highlighted previously unidentified ligature points. It was noted that further assurance that all risks had been identified was needed in future assessments.

Annual Complaints Report

The Committee received the annual complaints report and voiced their concern over the timeliness of receiving these for the previous three years. The Committee noted that following a challenging start to 2019/20, complaints performance improved significantly in quarters three and four. There are still staffing issues within the Complaints function and the Committee expressed concern about the sustainability of progress pending this being addressed. The Board is requested to note and ensure that progress on staffing is expedited rapidly.

Update on the CQC Action Plans and Delivery of Back to Good

The Committee received this first report combining the 'Care Quality Commission Section 29A Action Plan Update' and the 'Update on Action Plans and Delivery of Back to Good'. The first Back to Good Board meeting is scheduled for 29 July 2020 and the supporting governance processes that have been established are robust. Beverley Murphy suggested that a session for the Non-Executive Directors was set up to walk through the governance processes in order to provide strengthened assurance on this. This was welcomed and will be set up shortly.

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 of the 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 Tuesday, 26th May 2020 at 1.00pm, Virtual 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) |
| 5. Debra Gilderdale | Executive Director of Nursing (DG) |

In Attendance:

- | | |
|-----------------------|---|
| 6. Jan Ditheridge | Chief Executive (JD) |
| 7. Maggie Sherlock | NHS Sheffield CCG (MS) |
| 8. Alun Windle | NHS Sheffield CCG (AWind) |
| 9. Andrea Wilson | Director of Quality (AW) |
| 10. David Walsh | Director of Corporate Governance (DW) |
| 11. Michelle Fearon | Director of Operations (MicF) |
| 12. Jonathan Mitchell | Associate Medical Director for Quality (JM) |
| 13. Deborah Horne | Associate Director, Crisis and Emergency Care Network (DH) |
| 14. Richard Bulmer | Associate Director, Scheduled and Planned Care Network (RB) |
| 15. Abiola Allinson | Chief Pharmacist (AA) |
| 16. Tania Baxter | Head of Clinical Governance (TB) |
| 17. Marthie Farmer | PA to the Executive Medical Director (Note taker) (MF) |

Apologies:

- | | |
|-------------------|--|
| 18. Clive Clarke | Deputy Chief Executive (CC) |
| 19. Liz Lightbown | Executive Director of Nursing and Professions (LL) |

No	Item	Action
1)	<p>Welcome & Apologies</p> <p>The Chair welcomed everyone to the meeting and noted the apologies.</p>	
2)	<p>Declarations of Interest</p> <p>Mrs Keene is representing the Yorkshire, Humber and North East Regional Directors of Adult Social Services on their Covid-19 NHS England/Improvement cell calls for Mental Health, Learning Disabilities, Autism and Justice. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest.</p> <p>There were no other new declarations of interest.</p>	

3) Minutes of the meeting held on 27th April 2020

The minutes of the meeting held on 27th April 2020 were agreed as an accurate record.

4) Matters Arising & Action Log

10) Physical Health Strategy

The Chair confirmed that the Strategic Plan and the specific comments with regards to ambition were forwarded to Dr Mike Hunter following April's meeting.

11) Board Assurance Framework (BAF)

An email had been received from Samantha Stoddart regarding the risks the Committee wished to include in the BAF next year in relation to quality and safety.

The Chair requested confirmation from the Committee, in particular from Richard Mills and Heather Smith, in relation to the six risks drafted and previously circulated by Andrea Wilson to the Committee's, and noted the revised wording suggested in relation to the violence and aggression risk. Authorisation was requested for Andrea Wilson to work with David Walsh and Samantha Stoddart to enable the Chair and Dr Mike Hunter to sign off the final submission. This was agreed by the Committee.

David Walsh commented that Samantha Stoddart is considering if certain BAF risks should be assigned across Committees, instead of being specific to just one. Further conversations are required and David Walsh and Samantha Stoddart would like to present a plan to all Chairs of Committees to ensure we are where we need to be and demonstrate that the BAF has the correct risks within it and to provide the assurance needed.

16) 360 Assurance SHSC Central Alerting System (CAS) Audit Report

The Chair commented that the SHSC Central Alerting System (CAS) Audit Report was discussed at Board and will be taken forward from there.

Action Log

Members reviewed and updated the action log accordingly.

The Chair had requested the Service User Engagement Group to prioritise the actions within the implementation plan and the outline the progress made against those prioritised. As this action was not included within the report on today's agenda, it was agreed that this would be included within the next quarterly report.

Jan Ditheridge raised a query relating to the action log, as actions continued to be deferred. Jan queried if there were any risks to deferring items and asked who was providing oversight and approval of this. The Chair responded in regards to the Patient Experience Improvement Framework and gave assurance that work was already underway, part of which was linked to

the improvement plan. She therefore did not foresee a risk in relation to the deferral of this item.

Tania Baxter advised the Engagement Group had worked through the objectives in the implementation plan, following the refresh of the Trust's strategy. The Engagement Group was outlining the areas of focus and priority of the Patient Experience Framework to ensure alignment with the Trust's three objectives going forward.

Andrea Wilson agreed with Jan Ditheridge that there was no formal process to agree the deferment of action points or papers, this had been decided by the Executive responsible for the individual items. Andrea suggested that there was further discussion between the Chair and herself to ensure robust processes were in place going forward, ensuring any potential risks were identified and considered, before agreeing the deferment.

Jan Ditheridge highlighted that the CQC would have a view about all actions being deferred and cancelled. The actions logged required review to ensure the correct actions were captured, accurate, appropriate and achievable.

SK/MF

Safety and Excellence in Patient Care

5) Burbage and Stanage Wards – Improvement Review

Michelle Fearon introduced the report which aimed to provide a review of the performance of Burbage and Stanage Wards and give greater understanding of the wards' current performance against expectations.

The Committee's attention was drawn to the conclusions that were contained in the paper. Michelle asked the Committee to consider these and determine whether it was satisfied with the plan and methodology that was put forward as part of the getting "Back to Good" programme.

Debbie Horne highlighted the following key areas in the report:

The report originated due to concerns raised regarding a deviation in performance, across a number of care quality domains across Stanage and Burbage wards.

The first part of the report presented dashboards for each ward, providing information in relation to activity, staffing and safety & quality indicators.

Staffing presents one of the three most pressing challenges for Stanage and Burbage, although is this not exclusive to these Wards alone. Clinical leaders are working down into ward staffing numbers as a result of vacancies and gaps, rather than providing oversight, confirm and challenge.

Heather Smith welcomed the report and particularly liked the assurance statements contained within it. These enabled the Committee to positively challenge, when it was not in agreement. Heather suggested this was a positive way to present this kind of report in the future.

Heather Smith further requested that future reports provided details on when an update would be received. This would help to close the loop, ensure pace

is maintained and would also assist with agenda setting. It was also commented that the action plan section could use similar headings to those used in the CQC action plan, as a consistent way of presenting improvement plans.

Richard Mills agreed and iterated that the presentation of the conclusions in the report clearly highlighted when there was assurance and when not, which is a big step forward for the culture within the Trust. Richard enquired about the high level of medication incidents on Stanage ward, and the triangulation of this into this report. In relation to the medication reviews, Debbie confirmed that on a number of occasions physical health monitoring was not 100% on Stanage Ward, due to challenges of clinical activity. In addition to this, the number of seclusions and restraints were high due to the high acuity on the ward.

Dr Mike Hunter highlighted that there were a number of matters which were lacking in assurance, and enquired how to provide assurance that plans were in place, that we were safe now and looking to the future.

Michelle Fearon responded that during the Covid-19 pandemic, the teams had been afforded the opportunity to come together to support each other, with a greater mutual aid approach and by having the more experienced workforce distributed within the 24-hour environments. Debbie Horne added the challenge now was to make the wards a place where staff would like to stay, as retention can be a significant challenge. It was hoped to have a Band 5 rotation development programme which would take staff through the acute wards; we would need to assure ourselves that they would want to come back and take up permanent positions.

There needs to be a coming together of the Workforce plan, Environmental plan and the Operational Development Plan to make sure staff feel safe and happy at work.

The Chair enquired about what could be done, from a leadership and oversight perspective, to make a difference to the long-standing concerns the Committee has had about indicators showing significant challenges around restraints, assaults and recognising and understanding the cultural, long term and linked staffing issues.

Debra Gilderdale highlighted the nursing accreditation scheme, which is an NHS Improvement evidence based initiative, with standards in the areas of discharge planning, audits, care plans and patient observation, as examples. It increases staff engagement within wards and community teams and provides Ward to Board assurance and compliance with the fundamental standards.

Jan Ditheridge raised concerns about the 25% vacancy rate in the wards and the impact on the service of our most qualified staff being absent. She noted that this is not fully covered in the quality report. Jan further enquired about not hearing the voices and experience of services users, and enquired if the Committee had knowledge of service user experiences and whether staff would recognise what is being said by looking at the report.

Debbie Horne responded that staff would recognise service user voices by reading the report. However, in terms of the service user experience, there

was no information readily available, which was a concern. She received complaints but the feedback about, or outcome of, the admission was lacking.

Michelle Fearon commented that 25% of qualified staff absences is an important 'read across' between Committees and that the People Committee would be receiving information about this on Friday at their meeting. Jan Ditheridge commented about the need to understand how many of the staff are actually temporary in some of the roles, compared to our substantive staff.

The Chair and Committee welcomed the report which provided evidence of a universal understanding of the improvement plan. However, it was noted there was a challenge to ensure issues were heard, recognising that some changes were cultural, long term and linked to staffing issues.

The Committee requested that improvement plans should use similar headings and structure to the CQC action plan, for consistency in presentation.

The Committee requested more information and feedback in future reports regarding the concerns raised in terms of the service users' voice. It was also important to keep in mind the detail in the service user experience report. The acute wards should be encouraged to make more use of the different methods available to them to seek and receive service user feedback.

Michelle Fearon requested if updates could be received within the feedback that Andrea Wilson will present to the Committee through the "Getting back to Good" updates, as there is a particular workstream around the acute care wards and this would be subsumed within the programme. The Chair responded that it would be reviewed, as we do not want to duplicate work but depending on the issues, and speed and pace in addressing these, deep dives might be required at a later date to provide more focus and assurance.

6) Adult Recovery Service – Improvement Review

Michelle Fearon introduced the report and explained the purpose of it was to enable the Committee to understand the current position within the two recovery teams and to provide assurance that progress was being made, in terms of quality and performance.

Richard Bulmer highlighted the following areas of concern:

- The care planning process and making sure care plans are reviewed on an annual basis, and ensuring everyone has a care and risk plan.
- Creating meaningful care plans, co-produced with patients, is a priority for the service. Work has already commenced and will now be delivered at a pace with regards to care planning and up to date risk assessments and safety plans, in conjunction with quality improvement (Microsystems) and with team members and patient representatives.
- Mental Health Act (MHA) compliance. Teams are now able to see their performance with MHA compliance on a weekly basis, to enable them to have a better understanding of the gaps and to allow proactive follow up. Further guidance for care co-ordinators has been issued and this is

managed through team governance and supervision.

The next step re information and identifying the on/off trajectory is working with the Mental Health Act Office for future assurance to teams that performance is improving and that the plan is working.

- One of the challenges for the Recovery Service over the last two years has been increased demand and the large caseloads of Care Co-ordinators. As part of the resolution of the industrial dispute, it was agreed to recruit additional Care Co-ordinators to enable the reduction of caseloads, using an agreed caseload weighting tool. This has been undertaken and has led to reduced caseloads. As part of this process Care Co-ordinators identified patients to discharge, transfer to case management and those that needed re-allocating or signposting to other types of support.

Richard Bulmer drew the Committee's attention to the activity within the last couple of months with regards to the Covid-19 pandemic, the drop in the number of face to face contacts and the significant increase in the number of telephone contacts. Teams are assessing service user need daily and ensuring that every individual care co-ordinator is linked appropriately with their individual patients. In addition to this, the teams also looked at how to safely support people that might be at high risk within the Covid risk categories.

With reference to the conclusion at the end of the section on Mandatory Training and Supervision, Heather Smith was not assured by the data and suggested the need to be careful in making assurance statements around activity rather than impact.

Dr Mike Hunter queried the exclusion of physical health from the report. Richard Bulmer advised physical health had not been included; however, work was ongoing to ensure everyone was accessing a physical health review on an annual basis and to ensure the monitoring of various medications as needed.

Dr Mike Hunter raised a concern in terms of the timescales set for a number of the actions, including the care plans deadline of December, as this seemed a long time away. Richard Bulmer responded that improvements would be seen on a gradual basis, to ensure that everyone had an updated care plan by December. Discussions were underway with team managers in relation to the upper trajectory that included various checking points and timescales to be reached by December 2020.

The Chair thanked Richard Bulmer for the report and noted positively the inclusion of the teams in the improvement process and the increasing number of care co-ordinators. She was also pleased to hear that the concerns being expressed for some time by the Committee around care planning and Mental Health Act compliance, were being addressed.

In the Mental Health Legislation report being considered later on the agenda, it was noted that operational groups had been disbanded due to the lack of attendance. The Chair requested more information was provided to give assurance that there is now grip regarding this and to ensure it will not slip again.

Richard confirmed that one of the obstacles that the recovery teams have been experiencing for the last year was around the difficulties with the industrial dispute. We are moving to a different place with it after the mediation and discussions, and team leaders are feeling more able to push back to the staff in the teams around some of these issues.

Michelle Fearon has asked the Care Networks to provide a greater level of oversight and understanding of performance management. Michelle receives weekly feedback from teams to manage this more successfully. It does not have trajectories yet and does still require improvement, but Clinical Operations are continually looking at how teams can get better.

The Committee thanked the authors for the report, and the helpful discussions. The Committee is still concerned about these key issues and would like to receive ongoing assurance through the monthly Quality Reports and quarterly Mental Health Legislation Reports to ensure the maintenance of standards in terms of contacts and working with individual service users, the impact on sickness, physical health, planning, the limited information on supervisory trajectory and the wider elements within Mental Health Act compliance.

7) **Monthly Quality Report**

Tania Baxter presented this report which was developed to enable the Trust to triangulate and assess its quality related intelligence and to identify any concerns relating to this, understand the impact of any concerns and receive assurance on the actions being taken to address/mitigate any associated risks.

The Chair thanked Tania Baxter for the good assurance summary at the beginning of the report.

Richard Mills raised a concern in terms of the potential impact on waiting times at SPA as lockdown lifts. Michelle Fearon commented that this was addressed briefly at the last Quality Assurance Committee and Board meetings and should be answered more robustly and fully through the report coming to the next Quality Assurance Committee meeting.

On a weekly basis, reviews of the demand on SPA are undertaken and time is spent understanding it and looking at where we are diverting our workforce and resources to ensure we are responding effectively. The other area of concern is around our Emotional Wellbeing Service. Michelle provided assurance that people in crisis are being responded to, as are those requiring a more routine mental health response, including the monitoring of their wellbeing whilst waiting to access our services.

Jan Ditheridge added that as part of the planning for post/next stage Covid-19, some scenario planning for capacity requirements was planned, for example, how would we undertake 50% more reviews over the coming months, if there was a sudden spike in demand?

Heather Smith commented that we needed to raise our ambition to become the best and reflect this in the language within the conclusions. Heather

<p>further thanked Tania Baxter for the information and more detail in terms of the community metrics. Tania Baxter thanked Heather Smith for her comments and explained that the language used in the conclusions related to the statistical nature of the charts, as opposed to the subject they were depicting. This would be further considered before the report was provided for the Board of Directors.</p> <p>Tania Baxter will add further clarification to the catastrophic incidents to indicate which deaths were natural causes and which are serious incidents.</p> <p>The Chair requested more assurance and information around sexual safety within the next report in terms of what is actually happening at ward level to protect service users on the wards. Andrea Wilson brought the Committee's attention to the work that has been done around agreeing sexual safety standards across the Trust. These are available in all our wards as a leaflet / booklet developed for service users to help them understand what the sexual safety standards on our wards are, and how to seek help if they feel these are not being delivered, or if they have any particular concerns.</p> <p>The Committee asked for the content of the report to be triangulated where possible and requested for some further work to be done to strengthen the operational responses. More analysis is required around the community information. The Committee noted that within restraints and seclusions, some assurance had been provided within the report on Stanage and Burbage Wards and subsequent discussions, but that there were still ongoing concerns/issues to be addressed, particularly around sexual safety.</p> <p>The Committee noted the progress of the report.</p>	<p>TB</p> <p>TB</p>
<p>8) Infection Prevention and Control – Quarterly Report (Q4)</p> <p>This item was deferred to next month's meeting.</p>	
<p>9) Safeguarding Adults and Children Quarter 4 Performance Report (Q4)</p> <p>This item was deferred to next month's meeting.</p>	
<p>10) Mental Health Legislation (MHL) Q4 Performance Report</p> <p>Anne Cook presented this report which aimed to provide assurance to the Committee that the use of the Mental Health Act (MHA), the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) by the Trust was in accordance with the statutes and their respective Codes of Practice.</p> <p>The Mental Health Legislation (MHL) Committee meetings schedule was affected by Covid-19, but did have a Microsoft Teams meeting arranged for May, which was expected to be well attended having had confirmed attendance across the networks and professions.</p> <p>The weekly MHA audit completed by wards has been suspended, but is on May's agenda for discussion around reinstatement, especially in light of the positive comments within the CQC report around the monitoring processes.</p>	

Prior to the suspension of the audit, results showed compliance with statutory requirements has consistently remained high. This level of compliance informed the decision to temporarily suspend the audits, in the face of the competing priorities resulting from the Covid-19 crisis.

The Liberty Protection Safeguards situation remains unchanged since the last report, in terms of it replacing the current Deprivation of Liberty Safeguards (DoLS), and is still expected to come into effect in October 2020. There has still been no Code of Practice issued, and is not likely to have an impact on our wards where the Mental Health Act is and should be used.

There are potential problems with our care homes, in particular where the workforce is our staff but the homes themselves are registered as private providers with the CQC. Potential issues are in relation to who would provide staff training and the funding of the assessments as they cannot be undertaken by anyone that has a financial interest within the care home.

Section 49 of the Mental Capacity Act stipulates that the Court of Protection can demand reports free of charge from the NHS. These are generally completed by consultant psychiatrists, for which there has been no funding the time lost through producing such reports.

Training materials were prepared and sessions booked to deliver community-focused Mental Health Act training to the North and South Recovery Teams. The planned face-to-face sessions were cancelled, but were instead replaced with a podcast.

There has been progress in terms of the improvement of the electronic forms for Insight and the recording of Mental Capacity issues.

Jonathan Mitchell commented that some teams were experiencing some issues around access to the Mental Health Act training and do rely on Anne Cook delivering this. However, more individuals are needed to provide the training which encourages understanding of the importance of being compliant with the legislation.

The Chair requested an Operational recovery plan from Richard Bulmer and Debbie Horne, working with Anne Cook, to provide more assurance that we have a grip of the areas of concern discussed. Debbie Horne responded in relation to the Mental Health Act Provider Action Statement which had been compromised over the last couple of months, due to prioritising managing clinical activity with regards to Covid-19. There needed to be a review in terms of the things we said we would do, as some had changed and some actions had been deferred, but would be completed within the next week in line with the target date that was set for the end of May.

Michelle Fearon suggested that Andrea Wilson and herself will provide a piece of work to the Quality Assurance Committee next month to understand what needs to be done across the Quality Team and Operations to get the traction on delivery of the actions, to understand what will work to ensure we can come with a unified position, and a plan to get back on track.

**RB / DH
/AC**

**MicF /
AW**

<p>The Committee recognised and appreciated the pressures faced in ensuring necessary progress in terms of compliance with legislation and will receive an update on progress next month.</p>	
<p>11) Mortality Assurance Report for Q3 and Q4</p> <p>This report was presented which provided the Committee with an overview of the Trust’s mortality and the continued findings from the Trust’s Mortality Review Group (MRG).</p> <p>The Chair raised a concern about the proposal to widen the pool of people carrying out Structured Judgement Reviews (SJR) and the need to engage practitioners and increase the number of individuals completing the reviews. The Chair was seeking assurance that someone that has been involved within the direct care of the service users can be sufficiently objective and independent when carrying out an SJR. Tania Baxter responded that an SJR is not the same as a serious incident investigation, and is a more reflective piece of work, looking at whether we could have done anything better or differently as a Trust that would have had an impact on this person’s life. Practitioners are providing a point of care for people and are able to quickly carry out this reflective work, as suggested in the guidance.</p> <p>Dr Mike Hunter commented that we need to have the right balances in place to ensure people can be objective under circumstances where it could be difficult to do so.</p> <p>The Committee noted the report in terms of its content and assurance that there are robust systems and processes in place.</p>	
<p>12) Carers Strategy Update</p> <p>This report was received and provided an update on progress made against the Carers & Young Carers Strategy to date and offered organisational assurance around the work being undertaken to continuously develop and improve the care and support offered to our service users’ carers, families and friends.</p> <p>Tania Baxter confirmed that Carers Week is week commencing 8th June 2020.</p> <p>The Committee noted that there is a lot of ongoing work, despite the challenged circumstances, and that there have been great efforts to improve our performance in working with carers, and in particular with young carers.</p> <p>The Chair congratulated the teams that are working on this and are looking forward to receiving more information in relation to what we can do to celebrate Carers Week.</p>	
<p>13) Policies</p> <p>a) Policy Annual Review</p> <p>A report outlining the current status of all trust policies was received. Richard Mills raised a concern about the lack of clarity around the role of Committees</p>	

in the policy process. He understood that the Board Committees would ratify the work of the Policy Governance Group; reviewing policies would imply that the Committee is actually reading and considering the whole of the policy. Samantha Harrison responded that we need to think about delegated authority, which would come from the Board to the Committee in this instance. The Policy Governance Group recommends the Policy for approval, after doing the challenge and scrutiny and presents its findings to the Committee for their ultimate approval. More clarity is needed around where the approval is being given.

The Committee needs to have the description of what the Policy Governance Group has done to assure that the policy has been developed in line with our approved process and need to have access to the policy to enable any scrutiny and challenge. David Walsh commented that it was agreed last time to have access to the policy to review, if it was needed.

The Chair thought it was clear after discussion at the previous Quality Assurance Committee meeting in April that the Committee will look at four main areas to be assured about:

- That the policy has been developed using current best practice/evidence practice
- Evidence that it has been through appropriate consultation
- That there is an agreed plan for dissemination and training
- That audit arrangements have been clearly identified and agreed

The Chair believed that it had been agreed that the responsible Executive was to approve the policy in terms of content and professional practice, and that the Committee was to ratify that all the proper processes had been followed. This assurance was to be provided to the Committee via the written recommendation from the Policy Governance Group. The Executive Director was responsible for the approval of it. David Walsh confirmed that this was what was agreed. How the Executive Director gives the approval is still an issue that needs to be addressed.

The Chair highlighted that the wording of the overarching report does not reflect what was agreed. The Chair suggested that this be taken outside of the meeting and be addressed so that absolute clarity can be provided to the Committee.

b) Policy Approval

The following Policy was presented to the Committee for ratification:

- Managing Access and Exit Policy

The Chair noted minor changes to the wording within the terms of reference.

Most of the four areas of concern outlined above were addressed within the Managing Access and Exit Policy. Subject to the Policy Governance Group being satisfied that the training requirements are actually identified and actioned, rather than just being considered, the Committee agreed to ratify the

DW

<p>policy.</p>	
<p>14) Medicines Safety Officer (MSO) Quarterly Report (Q4)</p> <p>This quarterly report provides assurance that medicines incidents identified are reviewed for themes, followed up with appropriate learning and the learning is disseminated to improve practice. The report evidenced that more incidents are being reviewed promptly and there is a reduction in unresolved controlled drug discrepancies.</p> <p>Heather Smith asked whether the number of medicine incidents in the report would classify or judge the performance of the Trust to be good, outstanding, requires improvement or inadequate. Abiola Allinson responded that comparing with previous years, as well as from an average perspective, that it was within the mean. Referring to the level of incident reporting, we are about average. Heather requested if this information could be articulated more clearly within the report. Abiola Allinson confirmed that the report is still a work in progress and will take this feedback into the next iteration of the report.</p> <p>The Chair noted that the incidents had gone down in quarter 3 and gone up in quarter 4 and asked whether there is anything the Committee should be concerned about. Abiola Allinson commented that the one of note is in relation to the controlled drug discrepancies. Credit can be given to the staff for reporting when they are not able to do something which they are expected to do. Abiola is working with Clinical Operations to see what can be done to support staff with their practice and to see the figure come down.</p> <p>The Chair thanked Abiola Allinson for the report and noted that the Committee was assured by the work that has been taking place and can see the impact that has made. The Committee offered any support needed to see the improvements continue.</p>	<p style="text-align: right;">AA</p>
<p>General Governance Arrangements</p>	
<p>15) Service User Experience Quarter 4 Report</p> <p>This report offers organisational assurance around the work being undertaken to continuously develop and improve the quality of our services through learning from service user experience. This Quarter 4 report presents co-ordinated information collated via a range of sources, paying a particular focus to SHSC Older Adults services. It is recognised that each source of data provides 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 need addressing.</p> <p>The Chair commented that it is great to receive a report that targets and focuses on one area with triangulation of information. Tania Baxter and David Walsh have committed to working together to continue to improve and develop the report starting from Q1 2020/21.</p> <p>Maggie Sherlock requested if the full data for complaints could be included within the next report. Sarah Neil, the Patient Experience Lead at the CCG, would be happy to share a template to assist this.</p>	<p style="text-align: right;">TB / DW</p>

<p>Heather Smith highlighted the four key themes that were identified as areas for improvement throughout Older Adult services as a result of triangulating service user feedback data. This is in relation to the ward environment, particularly on Dovedale, medication, activities, and providing feedback. This report outlines the positive changes that have been implemented, or are planned, in order to address the issues raised. Heather asked where we felt we were now with these? Tania Baxter responded that these were still the top areas of concern and that they did correspond with the CQC focused areas. These actions did link with the rapid improvement themes and areas within the CQC work streams, but will be one of our priorities for the coming months.</p> <p>The Chair thanked Tania Baxter and the Group for a helpful report and is looking forward to receiving the framework information within the next report to the Committee.</p>	
<p>16) Annual Complaints Report</p> <p>This report was deferred to next month's meeting.</p>	
<p>Efficient and effective use of resource through evidence based clinical practise</p>	
<p>17) Clinical Effectiveness Group – Quarterly Assurance Report</p> <p>This quarterly report was presented to provide assurance that the Clinical Effectiveness Group (CEG) has fulfilled its remit over Quarter 4 of 2019/20.</p> <p>Heather Smith noted that the CEG seemed to receive many reports, but asked whether the Group could be more proactive and have more 'push'. Jonathan Mitchell commented that this is one of the challenges that will be addressed as part of updating the terms of reference for the coming year. He confirmed that the Group does receive a lot of reports and distributes the issues out and does not always get anything back. This was an area where the Group felt it needed to be more robust.</p> <p>The Chair asked for confirmation of the date from which the Audit Programme was paused, this would be required for the audit trail and that it would be good to note it. Jonathan responded that a National Directive was received around this and that it was paused in March.</p> <p>The Committee will receive the revised Terms of Reference from the Group and will expect to see inclusion of the aspects discussed in today's meeting.</p>	
<p>18) Care Quality Commission Update:</p> <p>a) Section 29A Action Plan update</p> <p>This report provided a progress update on the four areas outlined as requiring improvement, as contained in the Section 29A Warning Notice from the CQC.</p> <p>Richard Mills queried if the business case for the dormitories had been signed off. Dr Mike Hunter responded that the agreement has been given for the design work to go ahead.</p>	

The Chair raised a question in relation to the decoration programme and how social distancing has impacted on this and whether we are waiting for government guidance before the start of work. Dr Mike Hunter commented that contractors would not come onto the wards to start work, as they needed 100% guarantee that no one would come within 2 metres of them.

Michelle Fearon commented that some contractors had been in contact to discuss how they could enter our clinical environments safely and are now coming back on-stream. Conversations have been taking place with Estates colleagues to ensure that small and medium actions for painting and maintenance are being carried out by our own workforce.

The Committee was assured by the report and supports the ongoing discussions to restart the required work on our environments.

b) Well-led inspection update and approval of Action Plan

This reported provided an overview of progress following the Trust's well-led inspection from the CQC and assurance that a robust process is in place in respond to this.

Andrea Wilson commented that she needed approval from the Committee with regards to two actions:

- The Committee's assurance around the robustness of the process that was undertaken to get us to the draft action plan previously circulated.
- The Committee's approval of the Trust's approach, which was set out in the presentation give to NHSI/E last week

Andrea Wilson presented the slide pack presentation to the Committee.

Dr Mike Hunter highlighted that this was to provide a high-level action plan and to recognise the process that it has gone through to get this. The action plan requires submitting to the CQC by the end of this week. The process is outlined within the paper, and was done in a more inclusive way.

Further discussions are needed and a Board development session, to understand the direction of travel and our different roles. Dr Mike Hunter suggested we find an appropriate Board forum to do this in.

Heather Smith commented on defining the process of what 'good' looks like and getting everyone involved to know what we are aiming for. She welcomed the Board development session and exploring how we can all work as different Chairs of Committees to collaborate on this, that it does not all sit with quality. Heather suggested that we identify which aspects of the action plan could be monitored by different Committees.

Andrea Wilson thanked Heather Smith for her feedback around the mapping through into the Committees, so we are absolutely clear where the oversight is sitting and to ensure all the Committees have got the right level of information at the right time.

<p>The Chair commented that it is a good piece of work and that she is encouraged that it started from the teams, including services users and carers in some areas, as the plans have come forward.</p> <p>The Chair felt assured around the whole change of matrix working on this plan and its delivery. We need to ensure that we get every part of the organisation, Committees as well as the different elements in the organisation, really working together and on the same page and moving forward. It was acknowledged that this will be a huge challenge for us all.</p> <p>The Committee positively supported the way the plan has been developed and recognised that this is to some degree iterative and that things would be added and approved as time goes on.</p>	
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<p>19) Any Other Business</p> <p>The Chair raised the issue of reviewing the meeting arrangements. We are not able to complete the business in two hours, or there needs to be a change to the way we are operating.</p> <p>Richard Mills commented that we must try not to extend the meetings longer than 2 hours and that it is about looking at what we are actually doing and looking at the overall package of work. The CQC and other workstreams could now become everything we do and some thought is needed about what needs to come through the Quality Committee monthly.</p> <p>Michelle Fearon commented that today we had put ourselves in a challenging situation by doing two clinical reviews in one meeting. She noted that the robustness of the discussions we have through this Committee are something we would not want to lose and they are helping operations to think in different ways.</p> <p>The Chair would further consider the Committee's work programme, working with Tania Baxter.</p>	<p>SK/TB</p>
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<p>Evaluation / Forward Planner</p>	
<p>Significant Issues</p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board in May:</p> <p>Burbage & Stanage Wards and Adult Recovery Service – Improvement Reviews</p> <p>The Quality Committee (QC) welcomed and discussed the improvement reviews for Burbage and Stanage Wards and the Adult Recovery Service. The Committee commented on the helpfulness of the reports which provided an interrogation and understanding of the current situation within these areas and outlined requirements for further progress.</p> <p>a) Burbage & Stanage Wards</p> <p>The Improvement Review provided evidence of a universal understanding of the plan; however, it was noted there was a challenge to ensure issues</p>	

were heard, recognising that some changes were cultural, long term and linked to staffing issues.

The Committee requested that improvement plans use similar headings and structure to those used in the CQC action plan, for consistency in presentation.

The Committee further requested more information and feedback in future reports, regarding the concerns raised in terms of the service user voice. It was noted that links to the quarterly Service User Experience Report needed to be made and that the acute wards should be encouraged to make use of the different methods of feedback available.

b) Adult Recovery Service

The Committee received the Improvement Review which outlined the areas of concern within the service and requested ongoing assurance regarding maintaining standards in terms of contacts and working with individual service users. The limited HR information available to the service impacts on the ability to manage sickness in a timely way. It was noted physical health monitoring and care planning, together with the full requirements of the Mental Health Act have not yet been met.

The Committee further noted the success in staff recruitment and reduced caseload numbers along with the actions to address compliance with the Mental Health Act.

Mental Health Legislation (MHL) Q4 Performance Report

The Quality Assurance Committee received and discussed the Mental Health Legislation (MHL) Q4 Performance Report. The Committee requested that the next quarterly update provided more assurance and an overview of the different elements of the Mental Health Act (MHA).

The Committee was pleased with the progress made and the indication of ownership to address the issues within the services. However, it remains concerned around the performance of the MHA compliance and recognises that there is some way to go to address all aspects of this

Medicines Safety Officer (MSO) Quarterly Report (Q4)

The Committee received and discussed the Medicines Safety Officer Q4 Report and would like to notify the Board of the positive progress made in regards to medicine safety. Staff were congratulated for their hard work in achieving the levels of improvement.

Service User Experience Quarter 4 Report

QC would like to bring to the Board of Directors' attention the positive and ongoing triangulation work contained within this report and the importance of persevering to make continued progress in this area.

Care Quality Commission Update - Well-led inspection update and approval of Action Plan

The Quality Assurance Committee was assured by and supported and approved the positive high level developed action plan.

The Committee wishes to assure the Board that processes undertaken for the development of the CQC action plan have been inclusive and that quality assurance processes were robust and fit for purpose.

CLOSE

Date and time of the next meeting

Tuesday 22nd June 2020 at 1.00 pm – 3.00pm

Rivelin Boardroom, Tudor Building, Fulwood

Apologies to PA to Executive Medical Director

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, 22nd June 2020 at 1.00pm, Virtual 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) |
| 5. Debra Gilderdale | Executive Director of Nursing (DG) |

In Attendance:

- | | |
|-----------------------|---|
| 6. Maggie Sherlock | NHS Sheffield CCG (MS) |
| 7. Alun Windle | NHS Sheffield CCG (AWind) |
| 8. David Walsh | Director of Corporate Governance (DW) |
| 9. Michelle Fearon | Director of Operations (MicF) |
| 10. Jonathan Mitchell | Associate Medical Director for Quality (JM) |
| 11. Rob Verity | Associate Clinical Director, Crisis and Emergency Care Network (RV) |
| 12. Kim Tissington | Deputy Associate Director, Scheduled and Planned Care Network (KT) |
| 13. Tania Baxter | Head of Clinical Governance (TB) |
| 14. Julie Walton | Head of Care Standards (JW) |
| 15. Katie Grayson | Lead Nurse, Infection Prevention and Control (KG) |
| 16. Diane Barker | Safeguarding Lead (DB) |
| 17. Angela Whiteley | Safeguarding Advisor (AWH) |
| 18. Marthie Farmer | PA to the Executive Medical Director (Note taker) (MF) |

Apologies:

- | | |
|--------------------|---|
| 19. Jan Ditheridge | Chief Executive (JD) |
| 20. Liz Lightbown | Executive Director of Nursing and Professions (LL) |
| 21. Andrea Wilson | Director of Quality (AW) |
| 22. Deborah Horne | Associate Director, Crisis and Emergency Care Network (DH) |
| 23. Richard Bulmer | Associate Director, Scheduled and Planned Care Network (RB) |

No	Item	Action
1)	Welcome & Apologies The Chair welcomed everyone to the meeting and noted the apologies.	
2)	Declarations of Interest Mrs Keene is representing the Yorkshire, Humber and North East Regional Directors of Adult Social Services on their Covid-19 NHS England/Improvement cell calls for Mental Health, Learning Disabilities, Autism and Justice. It was	

determined the items on the agenda were non-pecuniary and did not cause a conflict of interest.

There were no other new declarations of interest.

3) Minutes of the meeting held on 26th May 2020

The minutes of the meeting held on 26th May 2020 were agreed as an accurate record.

4) Matters Arising & Action Log

4) May - Action Log

The Chair responded with regards to actions being logged that required review to ensure that the correct actions were captured, accurate, appropriate and achievable.

The Chair and Andrea Wilson had had a helpful conversation and Andrea Wilson has proposed a system to manage requests for items to be deferred or removed from the Committee's agreed agenda. The Chair proposed that this discipline be implemented to enable the Committee to understand why a report cannot be presented as agreed and the potential impact of any delay. This would provide a formal log of the decision. The Committee supported and agreed to the system being implemented.

Heather Smith requested that this agreed system could be circulated and shared with the other Committee Chairs.

5) Burbage and Stanage Wards – Improvement Review

Richard Mills raised a concern around patient safety in response to the recent fires that had occurred on the wards. It was discussed that security scanners will be introduced to reduce the opportunity for people to bring lighters and other restricted items on to wards. The Trust's Finance and Performance Committee had approved the business case for this to enable an immediate purchase to go ahead.

Sandie Keene confirmed that she will be doing a virtual visit to Burbage Ward on 3rd July as part of the Board visits programme, and will have the opportunity to follow up on issues that had developed within the last month.

It was discussed that further work needs to be undertaken with regards to the Quality Impact Assessments to provide assurance in terms of the work that has been undertaken in response to the fires. It is recognised that the scanners are not the solution but are one of the approaches to the problem and supports better clinical practice.

The Chair noted that a fire had happened on the wards and that actions had been taken in response to this. She also noted that any related quality issues would be discussed within the Monthly Quality Report.

Beverley Murphy noted that the introduction of scanners across the acute wards in the Trust would require a change in nursing practice and drew the Committee's attention to the fact that this would be a potential restrictive intervention. Beverley further commented that practice supporting acute wards

AW/MF

is different to that of forensic wards where the scanners are currently in place in the Trust.

The Chair commented that the Committee wants to ensure that any change in practice is going to lead to improved patient safety and that it is in fact the right intervention, and whether other interventions would be more appropriate.

Alun Windle from the CCG offered to join any quality visits to services to support the Trust. This suggestion has been welcomed by the Contract Management Board. Dr Mike Hunter and Alun Windle agreed to discuss this further outside of the meeting.

**MH /
AWind**

10) Mental Health Legislation(MHL) Q4 Performance Report

The Quality and Clinical Operations teams came together to consider how to coordinate and understand our position better, in relation to Mental Health Act compliance, and to ensure that we are on track with the work and understand the issues that need to be addressed to get the work done. A list of actions has been compiled from the meeting, but no action plan produced describing how the improvements are going to be made and sustained. Due to the improvement plan not being robust enough, Michelle Fearon requested that this action be brought back to the next meeting to provide assurance.

MicF

19) Any Other Business

The Chair and Tania Baxter have reviewed and discussed the work programme and are in agreement that all the reports considered at the Committee are relevant to the Committee's role in monitoring quality and safety.

Action Log

Members reviewed, discussed and updated the action log accordingly.

Safety and Excellence in Patient Care

5) Monthly Quality Report

Tania Baxter introduced the Quality Report and highlighted the aim of the report is to provide details around good practice, the areas of concern and what the organisation is doing to address the identified issues of concern.

Covid-19 does not appear to have had an impact on incident reporting thus far; staff are still reporting incidents at a similar rate and complaints are being received. This continues to be monitored.

The areas of concerns within the report are:

- Sexual safety on inpatient areas and the use of dormitories.
- CPA reviews in the Recovery Teams, with some explanation in the report about how this is going to be addressed.
- EWS waiting times, which will be discussed in more detail in today's meeting.
- High level of restraints
- Feedback from service users has been a challenge within this period due to restrictions imposed by the pandemic. A questionnaire has been developed to seek and hear the service user voice during the

pandemic, which has been widely distributed and the Trust has received many positive responses.

Heather Smith welcomed the report and raised a concern in terms of the SPC charts (Statistical process Charts) and the measuring of ourselves against ourselves. Heather suggested regular updates in terms of the key areas that were highlighted by Tania Baxter within the report. Key concerns have been identified and monthly updates are needed on these areas, to ensure we are sighted on the issues and taking the required action. Debra Gilderdale informed the Committee that from tomorrow, a weekly Clinical Governance Whiteboard meeting will be introduced every Tuesday, to discuss all governance issues on one white board from a Clinical and Operational perspective. The discussion will encompass what has happened within the week and track it through week on week, not relying on monthly and quarterly reports, but current information.

Alun Windle commented that it is a robust and quantitative report and from a commissioner's perspective there has been an improvement. However, there needs to be more quality data from staff and patient experience to provide the Committee with more information in terms of the actual impact with regards to the data presented.

The Committee raised concerns around the quality of operational information, in terms of what has happened to address issues around the acute wards identified at the last meeting, particularly sexual safety and restraints and also, after recent challenges, eg fire safety.

Rob Verity, Clinical Director for Acute Inpatient Services, commented in terms of the "so what" in relation to restraints, assaults and sexual safety and to explore the fire risk question. He expected to see restraints and assaults decrease within the next report due to the two patients involved in a high number of incidents moving on in their care. One is being discharged and one is moving to Endcliffe ward, where the patient could be managed more appropriately.

In terms of fire safety, the introduction of the scanner will help the senior clinical and senior operational managers on the wards to consider and potentially increase restrictions on wards. He noted that this would be easier on locked wards than on inpatient wards.

Rob Verity clarified that sexual safety data incidents are not patient to staff. Respect of patients' dignity is being managed daily to keep staff and patients safe. He noted that the introduction of single sex wards would eliminate the large percentage of the sexual safety issues being experienced.

Overall assurance can be provided that the Trust is safe, although some patients do require dedicated time and effort to maintain their safety. There are some structural and technology changes that need to take place to support staff in doing this effectively.

The Chair commented that the Committee is not assured about operational responses and would like future reports to include a clearer and more detailed narrative about the actual operational response to what the data is telling us. Jonathan Mitchell commented that with good quality benchmarking data, we

would better understand the more complex issues around restraints and restrictive interventions. Dr Mike Hunter commented that this is exactly what the Committee is asking for in terms of the narratives from Clinical Services. A clear understanding of what it does and does not mean and how we are using the information to inform our actions.

Richard Mills raised a query in terms of the impact that Covid-19 is having on some service users in particular. Richard queried how we as a Trust could find a way to track and evidence the demand on our services, the use of resources and the support being received from other services to help the Trust to deal with the current situation. The Chair asked if these questions could be considered within future reporting.

Dr Mike Hunter commented that the Trust is working to eradicate mixed sex accommodation and develop single sex wards, which will be one of the workstreams within the Rapid Improvement week. It will then be discussed as an Executive Team the following week and then as an agenda item on the Back to Good Board on the 6th July, with the intention of aligning the timescales with the timescales of the eradication of dormitories by October 2020.

Debra Gilderdale added that in terms of the Rapid Improvement week that sexual safety, smoke free and care planning will be the top priority for discussion. The Chair requested the inclusion of feedback from this within the next iteration of the report.

For the continued development of the report, the Committee noted that the content required operational commentary and continued to have concerns in terms of what is happening on the wards. The Committee also noted information from the new white board system in the Clinical Governance weekly meeting being used by Debra Gilderdale and requested that this is incorporated into the report.

6) Single Point of Access (SPA) and Emotional Wellbeing Service (EWS) and Improvement Review

Kim Tissington presented the report and highlighted the following areas:

Further to a request from the Quality Committee to understand the current position regarding access to, and performance of, SPA/EWS; and the subsequent concerns raised by the CQC relating to the EWS waiting list, this review looked at a range of qualitative indicators to widen the understanding of the current performance of SPA/EWS. The review gives particular focus to waiting list management and times.

The review identified the actions that have been planned and taken to date. The 3 main factors affecting waiting lists, (which are not currently reducing) are due to:

- The high demand and the backlog
- Low productivity
- Staffing to meet the demand, with a low productivity

Realistically, with the right amount of staff and productivity, waiting lists will be reduced; however, due to a higher demand than originally anticipated within the planning of the service, waiting lists remain high.

Due to low staffing numbers, more skilled staff need to be recruited, trained and put in place to provide a good triage, which would reduce the waiting list and increase productivity.

Kim Tissington and Rob Verity suggested trajectory 4 (within the trajectory planning presentation provided), would be the realistic aim for reducing the waiting list and time for routine comprehensive assessment in EWS. The team has a plan to manage within the sphere of responsibility to work with other services within the Trust to manage this. However, there is no assurance that waiting lists will be reduced. Therefore, the team is asking for help with collaborative decision making.

Michelle Fearon commented and raised strategic questions requiring collaborative decision making in terms of:

- 2000 referrals over and above the commissioned numbers, which is a capacity challenge and needs some thought;
- The resourcing and staff doing one assessment per day, (outcome of ACAS mediation) and whether this should be continued or reconsidered. If not, we would need to double the workforce in order to meet the planned improvements

The chair commended the very full information presented and the depth of knowledge of all the factors which impacted on such a high waiting list. The scenario planning for further impact on waiting times was also impressive. However, there did not appear to be a realistic plan which gave assurance that the waiting times would reduce in the foreseeable future. The contributory factors were recognised to be complex but needed some targeted and timescales interventions.

Heather Smith commented there are clearly some issues which fall outside Kim Tissington's remit and control. Heather further suggested that Michelle Fearon's points be forwarded to the Executive Team for action, as this was a priority for the Trust and required action at a strategic level.

Richard Mills queried if the CQC requirement will be met by October. Dr Mike Hunter commented the requirement must be met and everyone within their different roles needed to work together to make it happen. Further thought was needed across the whole organisation about how we flex our staffing to ensure we have people working in areas where the risk to service users is highest.

Dr Mike Hunter agreed with Heather Smith regarding taking the systemic and strategic approach. As the nominated individual within the Trust for the CQC, Mike needs to ensure agreed actions are delivered. This service was previously rated as 'inadequate' for safety in 2018 and it was vital to ensure improvement within an inspection cycle. An organisation-wide resolution was required to resolve this matter. The Chair commented that clarity was required on who needs to undertake which tasks, to ensure completion of the action plan.

The Chair thanked everyone for the work undertaken. Action would now be taken forward by the Executive Team, clearly identifying responsibility and ensuring ongoing monitoring to ensure actions are achieved.

Richard Mills raised his concerns in terms of the increase in referrals and as a Board more regular information and assurance is needed about what we are seeing in terms of volume and complexity. If we do see the predicted rise in fear post Covid, there is a risk that it could overwhelm our services.

The Chair supported the concerns raised by Richard, in that we do need more information on SPA and activities with a breakdown of the referrals to the EWS services within the monthly Quality Report. Tania Baxter was asked to include this in the next month's Quality Report.

TB

7) **Care Quality Commission Update**

a) Section 29A Update

Julie Walton, Head of Care Standards presented this report which provided a progress update on the four areas outlined as requiring significant improvement, as contained in the Section 29A Warning Notice from the CQC.

There has been significant progress around physical health monitoring, mandatory training, supervision and some intense governance development work, which would be further developed as part of the Well-Led Improvement Programme.

Further discussion had taken place last week at the CQC Engagement meeting on how the section 29A will be followed up in August by a virtual desktop review, as the CQC have suspended physical inspections due to the Covid-19 Pandemic. Evidence of assurance will be required by the end of August that the elements as part of the Warning Notice will have been complied with and work is taking place now to focus on the quality of the evidence coming through from teams and services.

Dr Mike Hunter commented that from a compliance perspective, we have complied with the Warning Notice at the end of March and May as required and we need to ensure that our colleagues have a good understanding of what 'good' looks like and that they support each other on a day by day basis until changes and improvements are embedded.

The Committee received the report and noted the compliance and assurance as was presented by Dr Mike Hunter.

b) Well-led Inspection Plan Update

This report provided an overview of progress following the Trust's well-led inspection from the CQC and assurance that a robust process is in place in response to this.

Physical Health has been reinstated as one of the project groups as part of the Back to Good Board and will now be a separate workstream to reflect its importance and to enable sufficient focus.

The support from Care Standards will now be as part of the Good to Back Board and work programme to consider the quality assurance of evidence as an independent third party.

The Chair commented that the Committee welcomed the report and was assured with the robustness of the system, the building in of independent scrutiny and welcomed that Beverley Murphy was overseeing and helping the Trust with their governance processes going forward.

8) Infection Prevention and Control – Annual Report and Infection Prevention and Control Annual Audit Overview Report

Katie Grayson, Lead Nurse, Infection Prevention and Control presented the Infection Prevention and Control Annual Report and highlighted the following areas:

The report was presented to assure the Committee about all aspects of infection control and to report the progress achieved in the 2019/20 period. The Infection Prevention and Control Annual Audit Overview report is submitted to the Quality Committee for information and to provide assurance that there is an effective annual programme of environmental audit regarding infection prevention & control.

Despite the unprecedented national and local organisational challenges regarding the Covid-19 situation, excellent progress has been made and maintained towards completion of the Annual Programme.

The annual report retrospectively and succinctly highlights the achievements of the Team over the preceding year. Hand hygiene compliance training was 92%, which exceeded the Quality Schedule target set by NHS Sheffield Clinical Commissioning Group.

The Trust has had zero cases of MRSA/MSSA/E-Coli Bacteraemia and toxin producing Clostridium difficile.

Burbage Ward has improved significantly in their return of data since last year. Maple Ward has substantially reduced their compliance in returning their data with G1, Stanage and Endcliffe Wards still needing to improve upon submitting their data returns.

Two enteric outbreaks with an unknown cause identified occurred at Forest Close and G1. Two respiratory outbreaks attributable to Covid-19 have been experienced by G1 and Dovedale Ward and sadly 2 deaths were reported.

Heather Smith noted the mattress audit data and that 39 mattresses had failed to meet required standards, equating to a failure rate of 24%. Heather also asked whether the introduction of uniforms is taking place quickly enough. In terms of the Annual Audit Report Heather raised concerns around the quality and dilapidated state of some of the furniture, carpets and fans. Katie Grayson responded that each area is responsible for their own mattress checks and for confirming their compliance on their surveillance returns. These are monitored monthly. Katie organises a mattress audit on an annual basis, carried out over 3 days. 160 mattresses were audited in that period of

time. Katie agreed to follow up with further investigation into the monthly scrutiny of mattresses at local level.

The Chair commented that the Committee would like to support Katie Grayson to be firmer with the services around their compliance and compliance responses, in particular where difficulty was being experienced. The Committee is not assured that we have the correct level of compliance, as this is an ongoing issue that has been previously reported. The Committee would like to see a significant improvement in compliance and local ownership.

Debra Gilderdale supported this and noted that in terms of the mattresses, bare below the elbows, sharps and all other concerns that keep coming back on a regular basis as concerns, that she would work with Katie Grayson to achieve improvement. This would be considered on a weekly basis and from a Clinical Governance perspective, to monitor which wards are not compliant and to act on it.

Richard Mills commented that this is a cultural issue with teams not seeing IPC as important or as the way things are always done on the wards. It is essential that ward culture changes to enable sustained improvements to be made. Debra Gilderdale commented that the introduction of uniforms will significantly help with this agenda.

The Committee was assured about the work being done within Infection, Prevention and Control, and noted the quality of the annual report, but was less assured about the progress being made around the basic quality improvements required. Concerns remain about around mattresses, 'Bare Below the Elbows' and the degree of compliance with self-assessment within services.

9) Safeguarding Adults and Children Quarter 4 Performance Report (Q4)

Diane Barker, Safeguarding Lead and Angela Whiteley, Safeguarding Advisor presented this report.

Heather Smith asked that the Executive Team fast track and prioritise business cases supporting the expansion of the Safeguarding Teams and SPA. Heather also asked whether the number of Safeguarding Managers was sufficient within all areas. Diane Barker responded that ideally we would like to see Safeguarding Champions in all areas of the services, however training has currently been suspended due to the Covid pandemic. It is planned to reinstate this in September via Zoom meetings.

The Chair raised a query regarding three cases covered in the mortality overview work and wanted to understand the cases in terms of learning, whether the Trust had done everything we should have in terms of case management and engagement. Diane responded this is not something they had been significantly involved in; however, if involvement was required any learning would be brought back to the Trust. Chris Wood has been fundamental in working through the Child Death Overview Panel, as part of a multi-agency and multi-factorial review and there had been significant learning across the city for all agencies. At a local level, this is used to feed into Trust's quarterly learning events.

The Chair queried if we could be assured as a Trust that all the issues are being addressed in terms of the 16-18 year old people in early intervention services that we are working with, particularly in light of the criticism from the CQC and the use of the Decisions Unit. The Chair asked whether we are assured that everything is in place to protect ourselves when working with 16-18 year olds. Diane Barker responded that she could not comment on structural changes, but could confirm that all the policies are up to date and that all information in terms of how to manage 16-18 year olds on an inpatient setting, are detailed within the policies. She also advised that the Safeguarding Team is available for advice and due to having more robust links with safeguarding children than before, we are confident that all relevant conversations to keep children safe are taking place within Community and Inpatient Services.

Future reporting should include that there have been no incidents to report or misreported on in terms of any early intervention services.

Dr Mike Hunter queried how assured the Safeguarding Team was that there were no blind spots in the organisation in relation to having Safeguarding Managers in place, as there was no Safeguarding Manager at the Decisions Unit. A connection could be drawn between that and the way in which 16-18 year olds were not properly dealt with. We need to fully understand whether we have other areas of high risk. Diane Barker commented that there will always be areas of high risk and if deficits are found within teams, particularly in relation to children and Prevent, the Safeguarding Team has gone out to undertake a training session with the individuals to support them.

Dr Mike Hunter queried if Diane Barker had documented evidence, across the organisation, showing which staff members had completed safeguarding training, the names and directorates of safeguarding managers in place and overall safeguarding compliance, which would also show areas most at risk. Diane confirmed training information was held by the Training Department, rather than the Safeguarding Team. Diane could however provide information regarding safeguarding managers.

Dr Hunter confirmed this required discussion by the Executive Team, to gain a full understanding across the Trust, as information was being held by more than one team/directorate.

MH

Alun Windle suggested that the Trust could carry out self-assurance for the Quality Committee by assessing ourselves on 16 and 17 year olds via the Section 11 Audit that comes out annually and checks against our policies. Every year every organisation would have a Section 11 audit undertaken by their local authority and this tests some of the actions and policies in place to assess the Trust's compliance. Diane Barker and Angela Whiteley confirmed that this is completed annually by the Trust and that they do attend the Section 11 Challenge meeting as well.

The Chair requested that this information and the outcome of the Section 11 Challenge meeting is included within the relevant quarterly report.

10) Incident Management Quarterly Assurance Report (Q4)

Vin Lewin introduced the report and highlighted the following areas:

This is the Incident Management Quarterly Assurance Report for quarter 4, with an overview of all serious incidents with the actions needed and taken, lessons learned and actions from completed serious incident reports. An overview has been given on what is outstanding internally, in terms of reporting, and the 6 monthly National Learning and Reporting System (NRLS) benchmarking data was appended to the report.

Debra Gilderdale queried whether there was somewhere central that all the learning is being logged and that staff can then go to as a reference point. Vin Lewin commented that work is ongoing and in progress with the intranet in terms of the lessons learned. We do have a quarterly lessons learnt event which is currently suspended due to the Covid-19 pandemic, which has been established for a year and has been a popular event every quarter. Vin Lewin agreed that the Trust does, however, need a collection of lessons learned, for staff to access and share.

A lessons learned article has been published weekly within Connect, to also provide an overview of lessons learnt from incidents.

Michelle Fearon noted the 52 outstanding incidents that had not been reviewed on Dovedale Ward. This has been raised with the service, requesting an immediate improvement plan by the end of the month to ensure they are reviewed, actioned and closed.

The Chair was still concerned around closing the loop in terms of learning, as the Committee is not assured if people have done what they said they would do, the impact of actions not having been taken and how we reduce the numbers in a safe and meaningful way. Vin Lewin commented that the issue around closing the loop is being picked up and addressed by the Service User Safety Group. What has been missed in terms of closing the loop is around the actions that have been completed, being brought regularly via the Service User Safety Group update and the reporting of this, as well as taking it to the weekly meeting via Clinical Operations and the reporting on all incidents.

Dr Mike Hunter confirmed that it will also be included in the Getting Back to Good Programme Board and associated workstreams, particularly the 'Everyone Maintains High Professional Standards' Group. This is one of the high profile Corporate 'Musts' which relates to the way the Trust improves how it learns from incidents.

The Chair raised a concern in terms of the data on falls and falls prevention, and asked whether an audit is being carried out in relation to falls, care planning and assessments. Vin Lewin confirmed that an annual falls audit is completed and is currently being discussed with the Falls Lead due to the slight increase in numbers of falls. We are trying to better understand the data and potential causes.

The Quality Committee will receive updates with regards to falls via the Clinical Effectiveness Group quarterly assurance reports.

Jonathan Mitchell confirmed that a clearer Terms of Reference for the Falls Group, with clear oversight and reporting, is currently being drafted and will be discussed outside this meeting.

The Chair raised concerns about the Estates follow up in relation to their actions on the incidents such as garden fences. The Trust needs to be able to close the loop on these and be clear that people are responding in a timely and appropriate manner.

11) Covid Pandemic and Impact on Service Quality Update

Dr Mike Hunter presented and highlighted the following areas:

This report was presented to assure the Quality Committee about the systems in place to manage the changes implemented in response to the Covid pandemic. It is also to consider the key questions we need to ask to ensure we are able to effectively implement changes that will deliver improvements in care, experience and outcomes in the services we provide. The report provides information that supports the Quality Committee to be assured that services are able to articulate, evaluate and make necessary adjustments to ensure that patient safety is maintained during the Covid pandemic.

Richard Mills asked about the increased acuity on the acute wards and the recent increase in referrals to SPA. This was not being captured within the report and was this therefore providing false assurance. Richard also asked about the references made in the report to the Sheffield Psychological Board, and the thinking about the longer-term changes required to meet people's needs, as he would welcome more information about this and how it is working across the system.

Richard Mills was also concerned that the views of some service users are missing and that some people possibly do not want to use video software for their interactions with us. He asked about how we can be assured that people are not slipping through the net.

The Chair added that the Decisions Unit is now open again and sought assurance on behalf of the Committee that the issues raised with us by the CQC have been addressed before the re-opening.

Michelle Fearon responded and advised that an informative piece of work had been completed on Thursday, which looked at demand and impact on our community and inpatient services, in relation to our Crisis and Urgent Response services. The Chair of Gold Command will be sharing this information with the Board of Directors. A daily situational report is being provided to support daily management of services and the movement of resources and staff within the system to respond to demand.

Michelle explained that the Sheffield Psychological Therapies Board will be looking at the psychological impact of Covid-19 and how organisations have managed and contributed to the city-wide response to the issues around volume and increase in activity.

Dr Mike Hunter suggested that the Board of Directors and the Quality Committee should be sighted on the papers from the Sheffield Psychological Therapies Board in circulation.

<p>Support is being offered to service users by having more regular contact from a virtual and not face to face perspective. Teams are looking at caseloads to determine which service users do need face to face contact and we are considering how to return safely to seeing service users in community sites and settings. Decisions are being made in line with National Guidelines, supported by environmental risk assessments.</p> <p>The opening of the Decisions Unit (DU) had been delayed by a week to ensure that all necessary procedures were in place, as advised by the CQC during their inspection of the environment and care provided within the service. We took the decision to cease access for under-18 year olds to the DU immediately on receipt of the Enforcement Notice from the CQC in February. No under-18 year old has been admitted onto our wards or accessed the DU since this decision was made and implemented.</p>	
General Governance Arrangements	
<p>12) Litigation Annual Report</p> <p>The Quality Committee raised concern about the delay in receiving this report, which had missed the expected timeframe for providing assurance for the last two years. The Committee had been made aware of the reasons for this delay, but noted that their concerns would be brought to the attention of the Board of Directors.</p>	
<p>13) Annual Complaints Report</p> <p>The Quality Committee raised concern about the delay in receiving this report, which had also missed the expected timeframe for providing assurance for the last two years. The Committee was aware of the reasons for the delay and wished to ensure that necessary and identified actions and recruitment within the Complaints service were now expedited. The Committee would like this concern to be brought to the attention of the Board of Directors.</p>	
<p>14) Policies</p> <p>David Walsh introduced the report and the following policies were presented to the Committee for ratification:</p> <ul style="list-style-type: none"> • Aggression and Violence: Respectful Response and Reduction Policy • Transfer of Clinical Care Duties • Section 19 Policy <p>These policies were ratified by the Quality Committee following assurance about the 4 point checks having been undertaken at Policy Governance Group.</p> <p>Heather Smith asked that requests for extensions to policies were included within future reports and David Walsh agreed this.</p> <p>The Claims Policy revision had not been completed and is overdue and the Complaints Policy was not approved by the Policy Governance Group, due to the consultation not being considered thorough enough.</p>	

<p>The Chair suggested that for completeness, a list could be attached as an appendix to future reports to keep the Committee informed about when policies are due for renewal. David Walsh agreed to include this.</p>	<p>DW</p>
<p>Efficient and effective use of resource through evidence based clinical practise</p>	
<p>19) Any Other Business</p> <p>Heather Smith queried if the issue around the recent Black Lives Matter and the People Committee in terms of equality diversion data and if it should be presented to the Quality Committee as well in terms of quality and care, the analysis and the actions around it. Michelle Fearon responded that a piece of work has been commissioned to look at the narrative being formed around people from the BAME Community, namely that stricter interventions are used, that they are more likely to be detained and have a more negative experience of care. Chris Wood is leading and undertaking this piece of work and Michelle suggested it may be useful to present this to the Quality Committee at a future meeting.</p> <p>Michelle Fearon will have discussions with Chris Wood outside the meeting to confirm when the report is expected and to assure the Committee that we are responding proactively to emerging issues. Michelle will confirm a timescale to enable Tania Baxter to add it to the action log and workplan.</p>	<p>MicF /TB</p>
<p>Evaluation / Forward Planner</p>	
<p>Significant Issues</p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board in July:</p> <p>Quality Report</p> <p>The Quality Assurance Committee received and discussed the Quality Report. For the continued development of the report, the Committee noted that the content required operational commentary and continued to have concerns in terms of what is happening on the wards. In particular around sexual safety, restraints and more recently the incidents of fire. The Committee also noted information from the new white board system in the Clinical Governance weekly meeting being used by Debra Gilderdale and requested that this is incorporated into the report.</p> <p>Single Point of Access and Emotional Wellbeing Service and Improvement Review</p> <p>The Committee received and discussed the Single Point of Access and Emotional Wellbeing Service and Improvement Review. The Committee were very complimentary about the level of information about the service and analysis of the issues that was presented to them, but raised concerns around the pace, grip and lack of a tangible, deliverable plan for improvement in these services. A request was made to add the SPA activity data, including EWS and the groups waiting for services into the monthly Quality Report in order to provide more assurance to the Committee</p> <p>Infection, Prevention and Control and Audit Overview Annual Reports</p>	

The Quality Assurance Committee received and discussed the Infection, Prevention & Control Annual Report and the Annual Audit Overview Report. The Committee was assured and confident about the excellent work undertaken for infection, prevention & control, together with the action plan, and noted that many of the issues raised within these would be picked up by the Clinical Governance weekly whiteboard meetings and supported by Debra Gilderdale as Executive Director of Nursing.

The Committee was less assured with the progress being made around the basic quality improvements and raised concerns around mattresses, 'Bare Below the Elbows' and the degree of compliance with self-assessment within services.

Covid Pandemic and Impact on Service Quality Update

The Committee received and discussed the Covid Pandemic and Impact on Service Quality Update report. The Committee would like to notify the Board that the Sheffield Psychological Therapies Board will be looking at the psychological impact and how organisations have managed in terms of the city-wide response to the issues around volume and increases in activity.

The Committee commended the work of the Sheffield Psychological Therapies Board and requested that the Board of Directors and the Quality Committee were sighted on the papers in circulation before the next Covid-19 update was presented to the Committee.

The Committee further wanted to highlight that the opening of the Decisions Unit had been delayed by a week to ensure that all necessary procedures were in place, regarding 16 -18year olds, as advised by the CQC during their inspection of the environment and care provided within the service.

Annual Litigation and Complaints Reports

The Quality Assurance Committee would like to notify the Board of Directors of the concerns raised, in terms of the delay in receiving these reports, which had passed the expected timeframe for providing assurance for the last two years. Whilst being mindful of the known reasons behind the delay in presenting both these reports, the Committee wished to ensure that necessary and identified actions and recruitment within the Complaints service are expedited.

CLOSE

Date and time of the next meeting

Monday 27nd July 2020 at 1.00 pm – 3.00pm
Rivelin Boardroom, Tudor Building, Fulwood
Apologies to PA to Executive Medical Director