

## Board of Directors - Open

Date: 13<sup>th</sup> January 2021

Item Ref: 12a

<b>TITLE OF PAPER</b>	Quality Assurance Committee, Summary Report to the Board of Directors in respect of Significant Issues
<b>TO BE PRESENTED BY</b>	Ms Sandie Keene, Chair, Quality Assurance Committee Non-Executive Director
<b>ACTION REQUIRED</b>	For Members to be assured of action taken regarding significant issues received and discussed.

<b>OUTCOME</b>	Members are aware of the significant items discussed at the Quality Assurance Committee on 21 <sup>st</sup> December 2020.
<b>TIMETABLE FOR DECISION</b>	To be discussed at January's Board of Directors meeting.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Minutes of the Quality Assurance Committee
<b>STRATEGIC AIM STRATEGIC OBJECTIVE</b>	Strategic Aim: Create a great place to work Strategic Objective: CQC Getting Back to Good.
<b>BAF RISK NUMBER &amp; DESCRIPTION</b>	BAF.00003 - There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements. BAF.00004 - There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	NHS Improvement Code of Governance NHS Providers Foundation of Good Governance The Healthy NHS Board Principles for Good Governance
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Timely Reporting to the Board of Directors
<b>CONSIDERATION OF LEGAL ISSUES</b>	None identified

<b>Author of Report</b>	Sandie Keene
<b>Designation</b>	Chair, Quality Assurance Committee (Non-Executive Director)
<b>Date of Report</b>	28th December 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 21 <sup>st</sup> December 2020.						

## 2. Summary

Board Members will receive the Quality Assurance Committee minutes from the meeting held on 21st December 2020, at the March 2021 Board meeting. However, every meeting is reviewed and this report notifies Board Members of the following significant issues:

### Integrated Performance and Quality Report

The Quality Assurance Committee received and discussed the Integrated Performance and Quality Report. The Committee's discussions focussed on the potential quality and patient safety concerns highlighted within the report; in particular the impact that the instability of the Trust's Electronic Patient Record (EPR) System (Insight) and required estates work is still having on quality assurance routes. Whilst it was acknowledged that these risks were already known, the Committee wanted to draw the Board's attentions to the fact that the risks remain until the improvements are delivered. As further assurance, the Committee have requested a timeline for the anticipated estates upgrades which directly impact on quality and safety.

## 3. Next Steps

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

## 4. Required Actions

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

## 5. Monitoring Arrangements

Through the Governance Groups reporting to the Quality Assurance Committee.

## 6. Contact Details

Sandie Keene,  
Chair  
Quality Assurance Committee

# Quality Assurance Committee

Minutes of the meeting of the Quality Assurance Committee of the Sheffield Health and Social Care NHS Foundation Trust, held on Monday, 23<sup>rd</sup> November 2020 at 1.00pm, Virtual via Microsoft Teams Meeting.

## Present:

1. Sandie Keene Non-Executive Director, Chair (SK)
2. Richard Mills Non-Executive Director (RM)
3. Beverley Murphy Director of Nursing and Professions and Operations (BM)

## In Attendance:

4. Jan Ditheridge Chief Executive (JD)
5. Heather Smith Non-Executive Director (HS)
6. Mike Hunter Executive Medical Director (MH)
7. Fleur Blakeman Improvement Director (FB)
8. Julie King Interim Director of Quality (JK)
9. Jonathan Mitchell Associate Medical Director for Quality (JM)
10. Christopher Wood Associate Clinical Director for Crisis & Emergency and Scheduled & Planned Care Network
11. Rob Verity Associate Clinical Director, Crisis and Emergency Care Network (RV)
12. Anita Winter Associate Director Patient Safety Team (AW)
13. Tania Baxter Head of Clinical Governance (TB)
14. Julie Walton Head of Care Standards(JW)
15. Helen Phillips-Jackson Associate Director, Scheduled and Planned Care Network (HPJ)
16. Richard Bulmer Associate Director, Crisis and Emergency Care Network (RB)
17. Dominic Watts Service User Governor Representative (DW)
18. Anne Cook Head of Mental Health Legislation
19. Brenda Rhule Head of Nursing, Scheduled and Planned Care Network (BR)
20. Marthie Farmer PA to the Executive Medical Director (Note taker) (MF)

## Apologies:

21. Maggie Sherlock NHS Sheffield CCG (MS)
22. Alun Windle NHS Sheffield CCG (AWind)
23. David Walsh Director of Corporate Governance (DW)
24. Michelle Fearon Director of Operations (MicF)

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

<p><b>2) Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
<p><b>3) Minutes of the meeting held on 26<sup>th</sup> October 2020</b></p> <p>The minutes of the meeting held on 26<sup>th</sup> October 2020 were agreed as an accurate record.</p> <p>Richard Mills asked that future minutes be focus more on the actions and what was agreed.</p> <p>Beverley Murphy responded that the Trust has commissioned Charis to help with the governance process of this work across the Board and Board Level Committee's, this work is underway.</p>	
<p><b>4) Matters Arising &amp; Action Log</b></p> <p><b>Action Log</b></p> <p>Members reviewed, discussed and updated the action log accordingly.</p>	
<p><b>Safety and Excellence in Patient Care</b></p>	
<p><b>5) a) Integrated Performance and Quality Report</b></p> <p>Beverley Murphy presented the Integrated Monthly Performance and Quality Report. The report detailed September 2020 data and was previously presented to the Board of Directors in November 2020. The committee considered the issues relating to quality.</p> <p>A range of quality issues were discussed including Restrictive Practise, Learning from Incidents, Service User Experience and Out of Area Placements.</p> <p>Richard Mills requested information about the plan to roll out the Covid vaccine and the relationship to the administration of the seasonal flu vaccine. Beverley responded that clear message of the importance the seasonal flu vaccine before December with the Covid vaccine to follow as soon as available.</p> <p>The Chair requested assurance about how Out of Area Placements were being reduced and a reduction in length of stay was being approached. Richard Bulmer offered assurance about the approach with the impact yet to be seen.</p> <p>Dominic Watts raised a question about how the Early Intervention – Access &amp; Waiting Time (AWT) Standard was being met and if this was at the detriment of resources in other services. Dr Mike Hunter responded that the target is a Nationally mandated target. Resources have not been taken from elsewhere to achieve these targets in that Services have taken a lot of time, energy and dedication to reach and achieve targets.</p> <p>Jonathan Mitchell suggested that we celebrate our delivery at the 90% level with such a low set national target set at 53%.</p>	

## **b) Review of Bed Requirements**

Beverley Murphy introduced the paper with Richard Bulmer offering detail on the following areas;

The paper reviewed the current usage of acute beds, sets out the proposed number of beds required in the city and outlines a plan for delivering the changes in the system to manage demand.

Richard highlighted two issues i) the need to reduce the numbers of beds to eliminate dormitories and environmental improvements including urgent improvements to the seclusion rooms ii) the aim for the length of stay to be at an average of 30 days for adult acute wards, 40 days average length of stay for PICU, with the average length of stay for older adults at 75 days.

The paper recommends that the service will aim to operate within the available bed provision of 53 beds, with more work required to meet the single sex requirements. Dr Mike Hunter commented that length of stay is managed by ensuring that Service Users receive the best possible care from when they enter the hospital. Dr Mike Hunter will support the clinical conversation about the average 30 days length of stay.

Heather Smith requested further information about the risks of the approach and the contingency planning related to the risk of not reducing length of stay. Heather noted that during a virtual visit Substance Misuse and a was raised about bed availability.

Fleur Blakeman reflected that the committee discussion had been useful and could have been included in the paper, particularly the clear articulation of what is in the art of the possible.

Fleur Blakeman noted the scale of the ambition and reminded colleagues of hospital functional decline and that individuals need therapeutic help and support within the community they live in. Particularly considering the potential disruptive impact of transitions in care for some older people.

Jan Ditheridge commented that the presentation had helped the committee understand the paper, the paper itself needed to be clearer. The paper does not offer a vision for acute inpatient treatment but focusses more on how many beds we need and the 30 days length of stay.

Richard Bulmer agreed there is more work to do. The introduction should have been clear there is a clinical issue and increasing bed closures on the horizon which both need to be addressed.

Jan requested further work to articulate how we would treat and care for people effectively and meet the ambition to reduce beds. Jan requested a thorough assessment of the quality impact as well as further work with the older peoples consultants.

The Chair commented that the paper was not patient centred enough and that more work was necessary before the Committee could approve it.

<p>Beverley Murphy thanked the Committee for a helpful conversation and further commented that we do have a pressing quality issues as we continue to place people away from their homes which is not acceptable. Beverley added that every day of an admission needs to be purposeful and currently this is not consistently the case.</p> <p>Beverley thanked Richard Bulmer and Dr Rob Verity for the data and committed to improving and representing the paper to the January 21 Quality Assurance Committee. The proposal will be that necessary additional beds will be purchased from a single provider and close to Sheffield. Access to Substance Misuse beds will be further discussed with commissioners.</p> <p>The Chair commented that the work to ensure purposeful, person centred admissions should continue and that the Committee was looking forward to having the paper back in January 2021.</p>	<b>BM</b>
<p><b>6) Final Draft Annual Quality Account</b></p> <p>The Committee received a draft quality account at the October Quality Assurance meeting. Revisions were made to incorporate feedback. The revised version was sent out to external stakeholders, for feedback. External Stakeholders, Sheffield CCG, Health Watch and the Health and Scrutiny Commissioning Board have provided feedback which is to be annexed. The final draft was received to be in the position to approve it for submission to the December board for ratification.</p> <p>The lack of detail about the objectives for this year was acknowledged, the usual process had been impacted by Covid 19.</p> <p>The Chair commented that the Committee received and recommended that the report being sent to the Board of Directors. The Committee further accepted the feedback that provided by external stakeholders.</p> <p>Beverley Murphy added that the will be redrafted by Dr Mike Hunter the consistent Executive and Leader of Quality across a time when there had been significant changes in the executive including the CEO.</p>	
<p><b>7) Care Quality Commission (CQC)</b></p> <p><b>a) Getting Back to Good Progress Update and b) Revised Improvement Plan</b></p> <p>Julie Walton, Head of Care Standards, presented an update in terms of the work of the 'Back to Good Board' (BTGB). There was an opportunity to examine more closely potential risk and challenges to progress with improvement actions and workstream developments.</p> <p>The committee requested assurance about the outcomes and measures, which will be reported back to the next Back to Good Board on 18<sup>th</sup> November 2020.</p> <p>The Trust has achieved many positive improvements including strengthening our process for assessing people appointed to senior roles subject to the Fit and Proper Person Regulation, improved arrangements for safeguarding children by appointing a designated nurse, ensuring our staff receive</p>	

appropriate supervision, appraisal and training, improving how we deal with risk, strengthening our processes on checking equipment and ensuring our service users' privacy and dignity is protected and promoted.

The Back to Good Board in October focussed on Estates and The Acute Care Modernisation Programme, with an emphasis on the progress against actions relating to privacy and dignity, the eradication of dormitories and improvement in seclusion facilities. There are for actions to improve seclusion which will adversely impact the quality of care for some people.

There were 8 exception requests in September and 6 exception requests in October include IT/ EPR issues, Policy development, changes to estates work scheduling and Audit completion.

The CQC followed up on the progress with regards to the warning notice in August 2020 and were satisfied that significant improvements had been made and the terms of the warning notice had been met and it would lapse. We will however continue to monitor the compliance position.

It was important to note that the estates work and the potential for delay and the continued breach to regulation should be considered.

Heather Smith commented the report did not provide sufficient assurance, as there was no triangulation and was looking forward to receiving the extra evidence in order to make this an assurance report. Heather further noted her concerns in terms of Estates not having a clear timetable and if issues were progressing adequately.

Dr Mike Hunter agreed with the lack of assurance and noted the ongoing work in care standards to accelerate the process of triangulation of assurance.

The Chair questioned how the Quality Assurance Committee could be assured of sustained progress. Dr Mike Hunter and Beverley Murphy are working with performance colleagues to ensure that the workstreams outcomes and measures are included in the Performance and Quality report going forward.

Beverley Murphy wanted the Quality Committee to note that the CCG did not accept the CQC position about our ability to care for young people aged 16-17-year olds on the Decisions Unit.

Fleur further supported Heather Smith in terms of the report not being an assurance report as it does not close the loop. The report offers a good narrative but that it was difficult to say if it was addressing the issues.

Dr Mike Hunter welcomed the challenge in regards to assurance and will continue to bring back an improved version of the paper with more second line assurance and the impact that changes have had with supporting measures.

The Chair summarised that the Committee noted the progress reported and requested clearer assurance about sustainability and impact of improvements. The committee would communicate continued concerns about Estates to the Board of Directors.

### **c) Revised and Updated Statement of Purpose**

<p>Beverley Murphy Executive Director of Nursing, Professions and Chief Operating Officer presented the paper for approval and highlighted the following areas.</p> <p>The Trust is required by Health and Social Care to have a Statement of Purpose and to have it published and available on request. It is good practise to review it regularly to maintain accuracy.</p> <p>The Chair commented that the Committee was happy to receive and approve the Statement of Purpose.</p>	
<p><b>8) Ligature Anchor Point Reduction Plan</b></p> <p>Anita Winter, Associate Director, Patient Safety Team, presented the Ligature Anchor Point Reduction Plan and highlighted the following areas.</p> <p>The CQC found that the trust did not have a process that was consistently in place to evidence ligature anchor point risks had been assessed and the risks understood by staff .</p> <p>The service leaders have been working with colleagues from South London and Maudsley NHS Foundation Trust to share their approach Ligature Anchor Point Assessment and mitigation of risk.</p> <p>A Ligature Anchor Point &amp; Blind Spot Action Plan has been established and is monitored through Service Delivery Group.</p> <p>Services are now working to ensure that it has good quality Ligature Anchor Point &amp; Blind Spot Assessments that are live, in all inpatient environments, and that staff are fully aware and understand the risks and how to keep people safe. Initial assessments are to be completed by mid-December 2020.</p> <p>There is more work to do to understand the essential estates work resulting from the assessments and how this will be monitored.</p> <p>The Chair requested more information on how the risks and necessary actions will be communicated floor to Board.</p> <p>Anita Winter described a 6 week annual assessment period for completion of LAP assessments are completed and the outcomes to be communicated to estates and all clinical team members. An agreed a route for prioritisation for agreement and sign off through Committees needs to be finalised.</p> <p>The Chair received the Ligature Anchor Point Reduction Plan and asked that the comprehensive floor to Board process that was described be recived.</p>	<b>AW</b>
<p><b>9) Covid-19 Update</b></p> <p>Beverley Murphy presented the detailed report to the Board and Quality Committee to set out what is being done across the organisation to keep people safe .</p> <p>Beverley highlighted the following key points;</p>	



- The Trust is in the process of rolling out twice weekly staff testing (lateral flow tests). Staff have been trained on this national initiative and a go live next week.
- The Trust is working with partners to prepare for the Covid-19 vaccination.

An extraordinary gold command meeting has been called by Beverley Murphy as DIPC and emergency planning lead due to continued nosocomial infection. The focus will be on what more could possibly be done to get staff to be consistent and use PPE all the time and adhere to social distancing rules.

The Chair questioned the numbers of outstanding risk assessments for staff.

Beverley offered assurance that the outstanding number have reduced significantly although some do remain incomplete despite active follow-up including writing to people and telephoning them directly.

The Chair thanked Beverley Murphy for the additional information and noted that the Committee gladly received the report for assurance.

## General Governance Arrangements

### 10) Medicine Safety Report for Quarter 1 and Quarter 2

Abiola Allinson, Chief Pharmacist and Control Drugs Accountable Officer introduced the report and highlighted the following areas;

There were no adverse issues to note across the 2 Quarters.

Issues related to temperature monitoring is persisting but in general the temperature incidents have reduced. A recommended thermometer monitoring device is being trialled which may be rolled out Trust wide after being tested. Continued National shortage of IM lorazepam reported due to increased use in COVID-19 treatment.

There have been no controlled drug discrepancies and issues are related to signatures. Training has been rolled out across the organisation to implement the competency and control drug training for staff who could be second signatories.

Dr Mike Hunter commented that he had to search to see the messages related to the issues around the temperature excursion but that it was heading in the right direction. Dr Mike Hunter will work with Abiola Allinson and teams to prevent reporting in this way but to make issues stand out more intuitively.

The Chair and Committee thanked Abiola Allinson for the reports that included details that provided assurance.

**MH**

### 11) Corporate Governance Review

Samantha Harrison, Governance Consultant introduced the report and highlighted the following areas;

The report is presented to the Quality Assurance Committee to share progress so far. The Quality Assurance Committee is viewed as a Committee with a clear remit and with ongoing challenges about how to meet the duties.

The review is a real opportunity to make changes to streamline the structure that sits beneath the Committee and have a good look at the frequency and reporting into the Committee and to provide a structure that is appropriate for this organisation at the current time.

The Executive Directors team have had the opportunity to look closely at the structure. Feedback will be incorporated into the next iteration.

Heather Smith commented that it would be good to include a brief for the different groups in terms of the decision making and responsibilities of each group.

Jan Ditheridge commented that decision-making sits within the Terms of Reference and with the people in each of these groups. Jan asked how the committee was sighted on quality impact assessments and where the governance was.

Dr Mike Hunter agreed that it was a crucial question that needed to be worked on rapidly between Beverley Murphy and himself. Beverley Murphy commented that we have a gap identified which previously had a process, but was stood down due to Covid and needed to be picked up without any further delay. Beverley committed to a report being made to the Quality Committee. **ACTION BM**

The Chair received the report and requested a further update in January 21.

## 12) Clinical Effectiveness Group

Jonathan Mitchell, Associate Clinical Director, Scheduled and Planned Care Network introduced the report and highlighted the following areas;

The quarterly 'Clinical Audit and Effectiveness' submissions to NHS Sheffield Clinical Commissioning Group had been temporarily stopped, by agreement, due to COVID-19 related activities but from Quarter 2 these submissions have restarted. The guidance from NHS England confirmed that work on all national audits was to pause and have most national audits been paused or cancelled for this year.

The Clinical Effectiveness Group has kept the audit programme under review and were able to restart elements of the programme during Quarter 2, in particular the Trust-wide Care Plan and Risk Assessment audits, which directly support the Back to Good improvement plan.

All baseline assessment reports will be completed in quarter 3 as required by our Commissioners.

Dr Mike Hunter emphasised that the Clinical Effectiveness Group received a detailed Covid Impact paper from the Quality Improvement Team, which will be seen by the Quality Committee in a future meeting.

<p>The Chair commented that the Committee received the report and was assured by it.</p>	
<p><b>13) a) Mental Health Legislation (MHL) Quarter 2 Performance Report and b) Associate Mental Health Act Managers (AMHAMs) Quarter 1 and Quarter 2 Report</b></p> <p>Anne Cook, Head of Mental Health Legislation, presented the reports and highlighted the following areas:</p> <p>This is the quarter 2 report from the Mental Health Legislation Committee which was submitted to the Quality Assurance Committee for information and approval, to provide assurance about the Trust's implementation of the Mental Health Act (MHA) and the Mental Capacity Act (MCA) as well as the first iteration of the Associate Mental Health Act Managers (AMHAMs) report for quarter 1 and quarter 2 to present evidence that the requirements of the Mental Health Act and its Code of Practice are met in respect of the Board's responsibilities with regard to the appointment, training and delegated duties of the AMHAMs.</p> <p>The AMHAMs report covered the period that has been affected by Covid to ensure people's rights to have a review of renewal of detention or extension of a Community Treatment Order (CTO) was undertaken in a timely manner. AMHAMs have continued to work flexibly to ensure that reviews are conducted to the highest standard possible in these circumstances.</p> <p>IT infrastructure can also be problematic, and some AMHAMs cannot instigate conference calls because of their network provider. Mike Potts attended the meeting and has undertaken to speak to the IMST department.</p> <p>Work has progressed well and no reviews of detention CTO's being missed due to it not being possible to convene a panel. Any late CTO's were caused due to RC's availability.</p> <p>Attendance at the Mental Health Legislation Committee was sporadic, in particular by the Crisis and Emergency Network. Concerns were raised with regards to staffing levels and that the lack of experienced staff on wards were having an impact on lawful practice, and it is necessary for ward managers to assure themselves around the lawful practise on the wards to support junior staff in their practise and to role model good practise.</p> <p>There has been progress in terms of the ground work that was necessary to improve the monitoring of the Mental Capacity Act to satisfy the actions for the Well Led report and internal audit. The electronic form for the recording of Section 136 is expected to be built in and signed off into the next version of Insight.</p> <p>Beverley Murphy was concerned around the thinking of tasks and what nurses required to complete to check compliance in terms of the Mental Health Act and that we needed to try and ensure that those tasks do sit in the right place as well as we need to move away from a system of compliance and understand what we need to do to protect the rights of our services.</p>	<p><b>MP</b></p>

<p>Beverley requested Julie King to take away a piece of work to understand the required practice standards. Beverley asked Jonathan Mitchell if he could be helpful as a medical member of staff and as the nominated chair for the Mental Health Act Committee with regards to this.</p> <p>Due to the seriousness of the report, Heather Smith suggested that an update be provided to the Committee before the next quarterly report is due.</p> <p>Anne Cook responded that the overall governance review might address any actions or concerns.</p> <p>The Chair suggested that the Director of Quality work with Anne Cook to progress the issues we have heard about and to provide a verbal update under matter arising in the minutes at the next Quality Assurance Committee meeting.</p> <p>The Chair suggested that we have more understanding in terms of what the roles and responsibilities are in relation to lawful practice in relation to the Act.</p> <p>Jonathan Mitchell commented that we need to be clear in terms of what the standards are and be able to have accurate data on where the standards have been met to be able to feedback in real time. Support from an inpatient point of view is needed and in terms of having data in real time rather than labour intensive weekly audits.</p> <p>The Chair thanked Anne Cook for a though and detailed report that shows that everybody has become more flexible in the way they are working. The Committee has considered the content of the report and noted the improvements and the issues that still need working on as well as some of the roles and responsibilities in chairing that needs to be finalised. The Committee is looking forward to an update in matter arising at the next meeting and more information in the next quarter report.</p>	<p>JK/JM</p> <p>JK</p>
<p><b>14) Safeguarding Adults and Children Quarter 1 and Quarter 2 Performance Report.</b></p> <p>Brenda Rhule, Head of Nursing, apologised for the report not being available but assured the Committee that there were no new concerns or significant risks in terms of safeguarding.</p> <p>All statutory meetings have been attended and all external statutory reports have been provided from the last report as required as a statutory requirement and we have had positive reports from external agencies.</p> <p>There are plans in place to ensure the reports are received at the next Quality Committee in January.</p> <p>The Chair thanked Brenda Rhule for the apology but further commented that this is not good practise and that it needs to be taken up within the organisation on how we got ourselves to this position.</p> <p>The Chair commented that the Committee was thankful for the reassurance, the Chair further requested if the action that the CQC identified in terms of safeguarding was being taken forward, reviewed and reported. Brenda confirmed that it has happened.</p>	

<p>The Chair requested Beverley Murphy to have discussions and oversee internally on how the 3 Quarter reports could be presented to the Committee to make it manageable.</p>	<b>BM</b>
<b>Quality Related Policies</b>	
<p><b>14) Policies update</b></p> <p>Policy Governance Group met on 9 November 2020 and considered various policies and extension requests, and recommended that Quality Assurance Committee to receive and ratify the decisions to approve the following policy and extension to review dates for:</p> <ul style="list-style-type: none"> <li>• MHA Code of Practice Equality &amp; Human Rights Policy</li> <li>• SICP Exposure Policy</li> <li>• Extension to Review Date – Safeguarding Adults &amp; Prevent Policy</li> <li>• Extension to Review Date – Smoke Free &amp; Nicotine Policy</li> </ul> <p>The Committee noted the endorsement of the MHA Code of Practice Equality &amp; Human Rights Policy, the SICP Exposure Policy and the policy extensions.</p> <p>The Chair further requested to have the assurance on the four areas as was identified from this Committee more visible.</p>	
<p><b>15) Any Other Business</b></p> <p>Tania Baxter notified the Committee that the Community Mental Health Survey results for this year are due to be in the public tomorrow.</p> <p>Last year’s results the Trust scored the same as other Mental Health Trusts, but that we scored better than most in 5 Questions and about the same in 23 others.</p> <p>Analysis of the results is underway, which will be provided to the Committee at a future meeting.</p> <p>The Chair and Committee welcomed the good news.</p>	
<b>Evaluation / Forward Planner</b>	
<p><b>Significant Issues</b></p> <p>The Committee agreed the following should be included in the Significant Issues Report to the Board:</p> <p><b>Review of Bed Requirements</b> The Quality Assurance Committee received and discussed the Review of Bed Requirements and noted that the Committee did not approve the paper and requested a clearer paper with a quality impact assessment included.</p> <p><b>The Final Draft Quality Account</b> The Committee received the final Draft Annual Quality Account and recommended it to the Board of Directors for approval at the December’s Board of Directors meeting.</p>	

**Care Quality Commission (CQC) – Back to Good Board Progress Report and Update on the Improvement Dashboard.**

The Quality Assurance Committee received and discussed the Care Quality Commission (CQC) – Getting Back to Good Progress Update and would like to inform the Board of Directors of the ongoing concerns about the Estates issues.

**Ligature Anchor Point Reduction Plan**

The Committee would like to inform the Board of Directors that it received the Ligature Anchor Point Reduction Plan. The Committee further would like to alert the Board of Directors to the importance of the Ligature Anchor Point in particular the floor to Board process.

**Mental Health Legislation (MHL) Quarter 2 Performance Report**

The Committee received the Mental Health Legislation (MHL) Quarter 2 Performance Report and would like to highlight the concerns about ensuring that immediate responses are provided to not meeting the Mental Health duties.

**Safeguarding Adults and Children Quarter 1 and Quarter 2 Performance Reports**

The Quality Assurance Committee would like to notify the Board of directors of the absence of the Safeguarding Adults and Children Quarter 1 and Quarter 2 reports.

The Committee was reassured that all statutory meetings have been attended and all external statutory reports have been provided.

**CLOSE**

**Date and time of the next meeting**

**Monday 25<sup>th</sup> January 2021 at 1.00 pm – 3.00pm**  
**Virtually via Microsoft Teams Meeting**

*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, 26<sup>th</sup> October 2020 at 1.00pm, Virtual via Microsoft Teams Meeting.

## Present:

1. Richard Mills Non-Executive Director, Chair (RM)
2. Heather Smith Non-Executive Director (HS)
3. Beverley Murphy Director of Nursing and Professions and Operations (BM)

## In Attendance:

4. Maggie Sherlock NHS Sheffield CCG (MS)
5. David Walsh Director of Corporate Governance (DW)
6. Fleur Blakeman Improvement Director (FB)
7. Julie King Interim Director of Quality (JK)
8. Jonathan Mitchell Associate Medical Director for Quality (JM)
9. Rob Verity Associate Clinical Director, Crisis and Emergency Care Network (RV)
10. Tania Baxter Head of Clinical Governance (TB)
11. Julie Walton Head of Care Standards(JW)
12. Deborah Horne Associate Director, Crisis and Emergency Care Network (DH)
13. Richard Bulmer Associate Director, Scheduled and Planned Care Network (RB)
14. Dominic Watts Service User Governor Representative (DW)
15. Marthie Farmer PA to the Executive Medical Director (Note taker) (MF)

## Apologies:

16. Sandie Keene Non-Executive Director, Chair (SK)
17. Dr Mike Hunter Executive Medical Director (MH)
18. Jan Ditheridge Chief Executive (JD)
19. Michelle Fearon Director of Operations (MicF)
20. Christopher Wood Associate Clinical Director for Crisis & Emergency and Scheduled & Planned Care Networks
21. Alun Windle NHS Sheffield CCG (AWind)

No	Item	Action
1)	<b>Welcome &amp; Apologies</b>  The Chair welcomed everyone to the meeting and noted the apologies.	
2)	<b>Declarations of Interest</b>  There were no declarations of interest.	

<p><b>3) Minutes of the meeting held on 27<sup>th</sup> July 2020</b></p> <p>The minutes of the meeting held on 22<sup>nd</sup> June 2020 were agreed as an accurate record.</p>	
<p><b>4) Matters Arising &amp; Action Log</b></p> <p><b>Action Log</b> Members reviewed, discussed and updated the action log accordingly.</p> <p>Beverley Murphy suggested a verbal update be given in November in terms of the action for David Walsh, Tania Baxter and herself in respect of the review of the Terms of Review for the Quality Assurance Committee. Beverley further commented that Charis (Claire Lea) has been commissioned and is working at a Board and sub Committee level to ensure the right lines of governance and clear reporting. Claire is currently reviewing the Quality Assurance Committee and its supporting Committees as a priority area to ensure that the Terms of Reference and the areas of focus are where they need to be and reflect the CQC report.</p> <p>Beverley suggested a further action be added that the Charis Terms of reference and workplan review also reflect the agreement that</p> <ul style="list-style-type: none"> <li>• the Associate Adult Mental Health Act report be reported in the more general Mental Health Act report,</li> <li>• the CQUIN's and QIA reports be reported within the Integrated Quality and Performance report</li> <li>• the Staff Survey and Quality Objectives be reported within the Back to Good report</li> <li>• a Nutrition and Hydration report will be received on a six-monthly basis.</li> </ul>	<p><b>BM</b></p> <p><b>BM/CL</b></p>
<p><b>Safety and Excellence in Patient Care</b></p>	
<p><b>5) Integrated Performance and Quality Report</b></p> <p>Beverley Murphy presented the first iteration of the new Integrated Monthly Performance and Quality Report for August 2020. This brought together the former monthly performance and monthly quality reports. The following points were noted:</p> <p>The Finance and Performance Committee meeting had agreed that a recovery plan around reducing our out of area admissions will be submitted to both the Quality Assurance Committee on quality grounds and the Finance and Performance Committee on financial grounds.</p> <p>Beverley Murphy responded to the query raised by Heather Smith regarding the review of adult acute care and how frequently people were seen in the community, how focused their care was and whether or not it had any relationship to how much we are having to rely on inpatient beds,</p> <p>Although current data did not allow us to be clear about this, Clinical Directors and colleagues are continuing work on this matter and will provide an update on findings to Dr Mike Hunter and Beverley Murphy.</p>	



Richard Bulmer outlined the relationship between the current pressures, future problems and the impact of dormitories as well as a workup on the recovery plan that includes the number of discharges in length and stay. With regards to the need to eradicate dormitories and the resulting bed closures, the Committee noted the concerns and acknowledged the work being undertaken by Rob Verity and colleagues on length of stay and admissions. Richard Bulmer confirmed that Quality Assurance Committee could receive a verbal update at the November meeting and a written report and update at the January meeting

**RB**

Trust staff can be proud of a number of areas of work, including falls reduction within our Older Adult Services. However significant environmental issues remained, which had an impact on quality, and specifically around safety.

The CQC have recently shared the risks around suspended ceilings in inpatient services. We have a plan in place to address these, but it would be some time before we can confidently say that all of the risks have been addressed.

Covid deaths are reflected within the presentation and it is noted that some deaths reported come with a long timeline.

Outbreaks within Birch Avenue, Woodland View and the clusters within the Older Adult Heart Treatment Team, START Team as well as a recent outbreak within our non-clinical team within the Estates and Facilities Team are also reflected within the report.

Beverley provided assurance regarding the concern raised about the current Covid outbreak within Buckwood View. She advised that clear policies were in place which are being communicated to staff on a regular basis. There is good access to PPE, with no gaps or delays in obtaining equipment, and staff are well trained in the correct use of appropriate PPE.

The Committee was made aware of the risk in relation to track/trace and staff testing. Staff who are positive for Covid but are asymptomatic must be excluded from the workplace to isolate until a negative test result is received. This has had an impact on the resources and staff available to provide 24/7 inpatient services and to provide quality of care. Work is being undertaken across the Trust as well as with a temporary workforce both through bank and agency nursing to address the gaps.

Two service users from Buckwood View have been hospitalised.

Richard Bulmer responded to a query by Heather Smith in terms of the CPA reviews, in particular to the North Recovery Team and the concern around the downward trend. He noted that the North Recovery Team is the only intervention team, and there would not be a rapid turnaround but that the situation showed some improvement.

Richard Mills and Heather Smith commented in terms of where we want to be, and what the vision was in terms of this report and when are we going to be making substantial progress. Beverley responded that the integrated performance and quality report should provide the high-level feedback and data rich report to allow us to see if things are heading in the right direction or if we have something to be concerned about, after which a deep dive could be

undertaken. Beverley Murphy and Heather Smith will have a more detailed discussion on this outside the meeting.

Maggie Sherlock commented that this was a good report and requested the inclusion of more performance data on the impact waiting times.

The Chair summarised that the Committee has found this as a useful report, and that further enhancements as suggested would improve its value.

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

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

Julie Walton, Head of Care Standards, presented a update on the September 2020 Back to Good Board, and a position statement for 11th October 2020 on the progress of actions in response to the CQC Section 29A warning notice issued in February 2020.

She noted that the workstreams continue to progress, with a focus on the development of visions, outcomes and measures. Progress on the improvement actions from previous announced CQC action are also reviewed. We are becoming more compliant, as evidenced in completed actions. Some sub actions remain outstanding relating to: IT related developments; Policy; Estates and Audit.

Dominic Watts queried the 80% target for mandatory training. Beverley Murphy and Julie Walton explained that 80% is the minimum target, which allows for people to drop in and out, maternity leave and long-time sickness etc. Low percentages are due to some face-to-face training courses being cancelled whilst online training is arranged. The figures should be starting to improve as training in these areas have recently been re-instated.

Helen Crimlisk reassured Dominic regarding the 54% of the 80% for supervision target. We should recognise the changes to the supervision policy in June 2020, and the way supervision has since been undertaken and recording more effectively.

Heather Smith queried issues around Estates timelines and the impact on services. Beverley Murphy responded there was a high risk with Estates as our estate is not always fit for purpose and that there were significant complexities to improving the estate. Richard Mills confirmed that the Finance and Performance Committee will be sighted and tracking the raised issues within estates.

### **b) CQC Annual State of Health Report**

Julie King, Director of Quality (Interim), presented the report and outlined the key highlights. Overall the report has not provided many changes since the previous reporting year, but does highlight a number of national and specialist area for the Trust to consider, particularly relating to Covid. New IT innovations were welcomed, but there was an increasing emphasis on inadequate ward environments. Restrictive Practices remains an ongoing concern, and will remain a focus for CQC thematic and focussed inspections during 2021. The lack of availability of Community Crisis services and

<p>management of the Deprivation of Liberty Safeguards (DoLS) especially in older people services remains a concern,</p> <p>The Committee were also informed that a second CQC report “Out of Sight,” has just been published. This continued focus will be on DoLS and Restrictive Practises, segregation, seclusion and restraints across Mental Health Learning Disability and people with Autistic Spectrum Conditions.</p>	
<p><b>7) CQC Community Mental Health Survey Action Plan Update</b></p> <p>Richard Bulmer, Associate Director, Scheduled and Planned Care Network presented the update and highlighted the following areas.</p> <p>The action plan was in response to the Community Mental Health Annual Survey conducted in association with NHS Surveys and the CQC last year.</p> <p>Beverley Murphy thanked Richard for a clear and understanding report explaining why services were addressing the core issues.</p> <p>Further action/reporting will be required in terms of the outcome/achievement measures and tests, regarding what care would make a difference to services users and carers. Richard Bulmer will take an action for further work and provide feedback in January 2021. A care plan audit is currently being undertaken.</p> <p>Fleur Blakeman commented on the sustainability on the improvements that have been achieved, reflecting on Beverley’s comments regarding impact and the need to match to the existing performance assurance framework indicators/quality matrix.</p> <p>Richard Bulmer advised the action plan would ensure everybody had a care plan; there would be improved feedback processes for carers and service users, using questionnaires, peer review and through an expert review of care plans.</p> <p>A survey was undertaken with service users post Covid, which delivered positive news in terms of service user experience. This is now being undertaken by the Quality Improvement Team across a range of Trust services.</p> <p>The Chair commented this is an important area for the Trust, bearing in mind the history and changes in terms of services and expectations from a governance perspective and Board.</p>	<p><b>RB</b></p>
<p><b>8) Draft Annual Quality Account</b></p> <p>Beverley Murphy, Executive Director of Nursing, Professions and Operations introduced the report and Tania Baxter, Head of Clinical Governance presented the draft Annual Quality Account and highlighted the following areas.</p> <p>Beverley highlighted this report may be familiar to some, less so to others, in terms of the format. This was due to Quality Account reporting in Mental Health Services in the NHS being done in a prescribed way.</p>	

This year was different, as ordinarily objectives are set and consulted upon. Due to Covid, it had been agreed the process would be different and later than usual, therefore the level of consultation had not been achieved. However, we have met all the requirements. We are awaiting feedback from our partner organisations on this early draft. An amended next draft report will be received at the November Quality Assurance Committee, prior to receipt at the Board of Directors.

Fleur Blakeman queried the section on deaths in terms of the number subjected to case record review and if more positives could be identified, recognising the increased numbers from previous years. It was acknowledged there has been no indications of concerns raised due to the increase.

Tania Baxter responded it was clear from work being undertaken in our Mortality processes for April 2020, that the level of deaths was significantly higher than April 2018 and 2019. We do not know what every person in Sheffield died from and can only look at our internal deaths to understand the cause of death for our services users. April 2020 had an increase in deaths due to Covid, but we are not in a position to make a statement or assumption that all the deaths in Sheffield were Covid related.

Nationally there will be a significant piece of work to be undertaken on the impact Covid has had on the nation.

Richard Mills highlighted if more information became available on the confirmed Covid deaths, further conclusions could be drawn and reported to the Board of Directors.

Beverley commented the Quality Account looked back and set the objectives for the year ahead.

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

Julie Edwards, Director of Allied Health Professions, presented this twice-yearly report and highlighted the following;

The Implementation Plan focused on the areas of good practise that have been embedded across the system e.g. regular audits, looked at care plans in details, training etc. Inpatient areas have been prioritised due to be the areas of concern with defined deadlines

Training compliance for some of the nursing staff were lower which was partly due to new staff starting and the dietetic staff now having to have an increased focus to ensure the training was completed where the compliance is at its lowest.

Due to Covid there has been an increased need for advice and support with regards to feeding and referrals. The impact around obesity on health in respect of Covid means that there has been a much greater demand for input and with only a part time Trust wide dietician we are looking into securing a small amount of locum dieticians just to offer more support.

<p>Dominic Watts noted the low number of Dietitians, and it was felt that needed to be looking into increasing our capacity</p> <p>Fleur Blakeman queried with regards to the RDA for Vitamin D that has changed due to Covid and that it was a necessity to bring forward the Pharmacy for the Prescribing of Vitamins Policy and Procedure for auditing which was dated for December 2020. Fleur further endorsed and recommended getting the additional capacity due to this being an important area.</p> <p>Dominic Watts queried if the Implementation plan was for staff or patients. Julie Edwards responded that the plan was to provide assurance in the Trust and that the members of the Nutrition and Hydration Strategy Steering Group had to be monitoring it. Staff also need to be aware of the plan across services but the plan primarily focused on the inpatient bedded services as that was where the most regulation and requirements was needed but that there has been a growing need for the community provision.</p> <p>The Chair commented due to this being a key issue and obesity being a factor in people's survival rates, this is not sending the right message out about Health and Wellbeing. Julie Edwards highlighted that most of the suppliers of the produce are sourced locally.</p>	
<b>General Governance Arrangements</b>	
<p><b>10) Board Assurance Framework (BAF)</b></p> <p>David Walsh, Director of Corporate Governance and Board Secretary, introduced the report and highlighted the areas of concern in relation to the CQC requirements for patient safety and quality outcomes.</p> <p>It was noted there have been no changes in terms of controls compared to the previous report received.</p> <p>Beverley Murphy recommended taking an action to thoroughly review the BAF actions and risks, to enable a detailed set of controls, mitigations, residual risks, etc.</p> <p>Beverley Murphy responded to Dominic Watts regarding staffing issues being echoed in many papers, and commented on the importance of being an attractive employer. This would ensure the right quality of staff applied for posts, were then fully supported in the organisation, to ensure they felt valued and received the appropriate supervision.</p> <p>The Interim Human Resources Director, Caroline Parry, had prepared a report on the People Strategy, due for receipt at the November Board of Directors, which sets out our aspiration to meet the strategy and provide key information.</p>	<b>BM</b>
<p><b>11) Corporate Risk Register Aligned Risks (CRR)</b></p> <p>David Walsh, Director of Corporate Governance and Board Secretary, introduced the report and highlighted that it has been 3 months since the Corporate Risk Register was presented to the Quality Assurance Committee and there have been no changes since the last presentation. None of the risks</p>	

<p>considered by the committee in July have closed, and none of the risks on the register have been subject to escalation or de-escalation since consideration in July.</p> <p>The Chair commented that the Committee does recognise the work that was being done at a Board level in terms of the BAF and CRR as a part of the continued development. Work needs to be refined and we need to ensure it was integrated within the different workstreams and that reporting was consistently done.</p>	
<p><b>12) Service User Safety Group – Quarterly Assurance Report</b></p> <p>Tania Baxter, Head of Clinical Governance, presented the report and highlighted the following areas:</p> <p>Tania acknowledged more work was required on the report, with regard to identifying safety concerns and areas raised by the CQC. The revised report would address and provide assurance on all of those areas of concern.</p> <p>The report covered issues raised in the Service User Safety Group, in line with the governance review; however, that group did not review the entirety of safety concerns. It was intended to review the group’s Terms of Reference, to ensure all safety concerns were discussed, rather than just issues brought to the group’s attention.</p> <p>It was acknowledged that quarterly reports, for example the incident management report, covered all incident related issues.</p> <p>The Chair agreed this report required review, in order to provide the appropriate assurance and should be discussed outside the meeting. Heather Smith agreed regarding the report and Terms of Reference review.</p> <p>Fleur Blakeman added that the safety of service users needed to be embedded across the Trust.</p> <p>It was noted the review being done by Claire Lea would ensure the correct structures across committees and sub-groups.</p> <p>It was noted from the pre- Quality Assurance Committee meeting, that Tania Baxter was confident that positive changes would be made prior to the next quarterly up-date.</p>	
<p><b>13) Mortality Quarterly Assurance Report Q1 and Q2</b></p> <p>Tania Baxter, Head of Clinical Governance, presented the report and highlighted the following areas:</p> <p>This report provided an overview of the Trust’s mortality and the continued findings from the Trust’s Mortality Review Group for Quarters 1 and 2, having reviewed 173 deaths. It should be noted the majority of deaths reviewed were still awaiting a confirmed cause of death.</p> <p>Two Structured Judgements Reviews were undertaken from Birch Avenue and Woodland View, both of which showed extremely good practice with</p>	

<p>person centred care. None of the deaths within the SJRs were considered more likely than not to have resulted from problems in care delivery or service provision.</p> <p>There has been a lot of feedback on the Learning Disabilities Mortality Review (LeDeR), due to us overtaking the National processes and Sheffield having a wide review in place for LeDeR deaths. LeDeR have published their annual and national report and some national learning has been included.</p> <p>19 LeDeR reviews were received through the Mortality Review Group; only two had learning for our organisation.</p> <p>Tania commented in terms of Covid deaths, appendix one showed a spike in everything for April 2020 which included deaths reported on nationally, learning disability deaths and deaths reviewed through an incident perspective.</p>	
<b>Quality Related Policies</b>	
<p><b>14) Policies update</b></p> <p>Policy Governance Group met on 12 October 2020 and considered various policies and extension requests, and recommended that Quality Assurance Committee to receive and ratify the decisions to approve the following policy and extension to review dates for:</p> <ul style="list-style-type: none"> <li>• Trust Wide Blanket Restrictions Policy</li> <li>• Extension to Review Date – Dual Diagnosis Policy</li> <li>• Extension to Review Date - Observation of Inpatients Policy</li> <li>• Extension to Review Date - Physical Health Policy</li> </ul> <p>The Committee noted the endorsement of the Trust Wide Blanket Restrictions Policy and the policy extensions.</p> <p>Beverley commented on the extension to review date for the Physical Health Policy which was related to the getting the strategy in the right place.</p> <p>Beverley further suggested that she would take an action to understand what the delays were in terms of the other policies within her area of responsibility as they are all important policies for people in our care.</p>	<b>BM</b>
<p><b>15) Any Other Business</b></p> <p>The schedule of suggested dates for Quality Assurance Committee meetings for 2021/22 were accepted by the Committee.</p> <p>The Chair suggested an item on the agenda for next year in terms of the work being done on sustainability which would be a benefit to this Committee due to it being about the quality of services and included a zero-carbon strategy.</p> <p>Tania Baxter brought it to the Committees attention that there is no meeting scheduled for December according to the scheduled dates for the meeting, and that she will correct the new workplan to reflect the same.</p>	<b>TB/MF</b>

**Significant Issues**

The Committee agreed the following should be included in the Significant Issues Report to the Board in November:

**Integrated Performance and Quality Report**

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

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

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

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

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

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

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

**Draft Annual Quality Account**

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

**Nutrition and Hydration Strategy Progress Report**

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



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

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

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

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

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

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

**CLOSE**

### **Date and time of the next meeting**

**Monday 23<sup>rd</sup> November 2020 at 1.00 pm – 3.00pm**

**Virtually via Microsoft Teams Meeting**

*Apologies to PA to Executive Medical Director*