

Quality Assurance Committee Report

Governing Body Meeting

4 April 2013

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Author(s)/Presenter and title	Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<p><u>Minutes of 28 March 2013 Quality Assurance Committee meeting</u></p> <p>The Committee discussed a range of issues and processes relating to the clinical risks and the quality of commissioned services, including:</p> <ul style="list-style-type: none"> • The Care Quality Commission (CQC) has undertaken unannounced non-risk based inspections of Sheffield Teaching Hospitals in December (NGH site) and January (RHH site). Full compliance with all the standards assessed was reported. • Francis 2 report recommendations were shared. Providers are currently reviewing the recommendations. <p>The Quality Legacy handover and transfer of liabilities took place at the end of the Committee meeting.</p>	
Assurance Framework (AF)	
<p>Risk Reference Number: 901</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>The QAC is an existing control that establishes the CCG level of assurance, that providers are delivering safe and effective services and are being managed via robust contractual and performance management processes.</p> <p>Is this an existing or additional control?</p> <p>Existing - AF ref 2.1.1a,b,c</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? N/A</p>	
Recommendations	
<p>The Governing Body is asked to note the minutes.</p>	

**Unadopted Minutes of the Quality Assurance Committee meeting
held on Friday 8 March 2013, 12.30 pm – 3.00 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Present:

Amanda Forrest, Lay Member (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Kevin Clifford, Chief Nurse (for part of the meeting)
Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Joint Clinical Director (for part of the meeting)
Ian Saxton, Deputy Head of Internal Audit

In Attendance:

Carol Henderson, Committee Administrator
Sue Mace, Designated Nurse - Safeguarding Children (Shadowing)
Bev Ryton, Clinical Audit and Effectiveness Manager (on behalf of the Senior Quality Manager)
Hilde Storckes, Medicines Governance Officer (for item 08/13)

In Attendance for receiving the CCG's Quality Legacy:

Sue Laing, Corporate Services and Facilities Manager
Linda Tully, Head of Governance and Company Secretary

ACTION**01/13 Apologies**

Apologies had been received from Idris Griffiths, Chief Operating Officer, Peter Magirr, Head of Medicines Management, and Tony Moore, Senior Quality Manager

The Chair welcomed members of the Committee and those in attendance to the meeting.

02/13 Declarations of Interest

The Chair declared a conflict of interest in the following agenda item:

- Quality Dashboard Summary Quarter 3 update (paper Di)

03/13 Minutes of the meeting held on 15 November 2012

The minutes of the meeting held on 15 November 2012 were agreed as a correct record.

04/13 Matters Arising / Actions**a) Rotherham Hospital NHS Foundation Trust (minute 28/12 refers)**

The Deputy Chief Nurse reported that the Chief Operating Officer had raised an issue in August about problems with the outpatient booking system at Rotherham FT. She advised the Committee that the trust was

undertaking a full review of its Patient Administration System (PAS), but assurance on this was still awaited. She would raise this at the next Quality Leads' meeting taking place on 11 March.

JH

Members asked if the Chief and Deputy Nurses could present proposals as to how the Committee could review our providers' quality assurance meeting minutes, which could form part of the Committee's business meetings.

KeC/JH

b) Patient Safety: Safeguarding update (minute 39/12 refers)

The Deputy Chief Nurse reminded the Committee that the Deputy Head of Internal Audit had asked if timescales could be added to the action plan updates. She commented that as this was amalgamated over a number of indicators it would not provide an accurate rating.

c) NICE Non Compliance relating to Glaucoma (minute 44/12 refers)

The Chief Nurse advised the Committee that a number of trusts were seeking a conscious agreement to remain non-compliant, but will work towards compliance with the revised guidance once it is published. This was supported by the Commissioning Executive Team (CET).

05/13 Regulation

a) STHFT Care Quality Commission (CQC) Inspection: initial feedback

The Deputy Chief Nurse gave an oral update.

(i) Northern General Hospital, December 2012

Medical wards and MAU had been reviewed, however as the CQC's visit had taken place in very icy conditions the planned visit to A&E was abandoned and replaced by a document review. There was full compliance with the standards assessed.

The Chair asked if CQC inspections were undertaken during the night, as the Francis report highlighted that the quality of care could be different at this time. The Deputy Chief Nurse stated that this was not routine for Foundation Trusts unless it was a risk based visit, but had been undertaken in care homes visits.

(ii) Royal Hallamshire Hospital, January 2013

The inspection had been carried out on two outcomes, patient and staff views. Some issues, including staff appraisals, had been identified in the day case surgery unit and wards Q1 and Q2 (both medical wards). The formal report declared the trust to be compliant.

The Chief Nurse advised the Committee that two visits had also taken place at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT). In addition, on 21 March 2013, a Mental Health Act inspection will take place at Sheffield Teaching Hospitals NHS

Foundation Trust (STHFT) and will involve SHSCFT.

He advised the Committee that all trusts had been reminded that they should advise the CCG either as soon as the CQC arrived to undertake inspections or within 12 hours.

The Committee noted the update.

b) Savile Assurance

The Deputy Chief Nurse presented this report which reported on the assurance that had been requested from all Foundation Trusts in Sheffield regarding of the safety of vulnerable children and adults following the Savile allegations. All trusts had provided sufficient assurance that the correct systems were in place, however the Sheffield Children's NHS Foundation Trust (SCHFT) had indicated that they would continue to run the risk of relatives staying with their children on wards. The Chief Nurse reported that he had asked the Chief Nurse at SCHFT to raise with his peers within the Children's FT network as to whether other trusts have raised this as a risk.

The Chief Nurse advised members that this report had also been discussed at the CCG's Governing Body, who had requested that the levels of assurance continue to be monitored by this Committee.

The Committee received the report and noted the level of assurance and actions to reduce or mitigate risks.

The Chief Nurse left the meeting at this stage.

c) Francis Report (published on 6 February 2013)

The Deputy Chief Nurse gave an oral update. She advised members that she would circulate a copy of the summary and recommendations that had been considered by the Governing Body on 7 March. All the Foundation Trusts in Sheffield had been asked to undertake a stocktake against the recommendations. In addition, she would undertake a stocktake of the recommendations relevant to the CCG.

JH

JH

The Committee noted the update.

06/13 Providers' Performance

a) Quality Dashboard Summary Quarter 3

The Deputy Chief Nurse presented this report which provided the key highlights of Sheffield providers' performance, detailing the CQC Registration position, Quality Standards and Targets for Quarter 3.

(i) STHFT

The main concern related to the increasing number of Never Events, with a further one reported earlier in the day relating to Methotrexate

prescribing. As this was the second Methotrexate Never Event this year an assurance visit to the trust will be taking place as soon as possible to review practice and agree a plan of action

JH

An action plan has been prepared in response to an increase in the number of all Never Events relating to retained swabs, which has included the Chief Nurse taking part in an operating theatre review.

She also advised the Committee that trusts now have to declare Never Events at the end of the year as part of their quality reports.

The Committee noted that the Governing Body had debated what type of reports should be discussed in the public domain as we should be more open and public about our concerns.

With regard to Patient Reporting Outcomes (PROMS), STHFT was a national outlier for hip fracture data – see agenda item below.

(ii) SHSCFT

There were a number of standards rated Amber, which are of moderate concern. This includes the ability of staff to be released for safeguarding children and clinical risk training. This was being closely monitored by Internal Audit and the Deputy Chief Nurse and would be raised at a higher level if it continued to cause concern.

In response to a query about why there were difficulties in accessing the Improving Access to Psychological Therapies (IAPT) service, when there was the potential to obtain additional capacity from other providers, the Deputy Chief Nurse agreed to discuss this with the CCG's Head of Contracting.

JH

(iii) SCHFT

Although the trust was slightly over target for the number of Clostridium Difficile (C.Diff) cases, there were no other concerns to raise

In relation to other providers' performance, there had been nothing of concern to raise.

In addition to her report, the Deputy Chief Nurse advised the Committee that outcomes from last year's staff surveys were now available for our providers. She would present a report to the next meeting.

JH

The Committee received and noted the Quality Dashboard position.

b) STHFT Quality Concerns

The Chief Nurse gave an oral update and advised the Committee that a meeting had taken place in the last month with members of STHFT's Executive to discuss quality concerns, and, in particular, Never Events and discharge communication.

The Joint Clinical Director joined the meeting at this stage.

The Chief Nurse advised members that Dr Tim Moorhead, Chair of the CCG, had written to the Chair and Chief Executive of STHFT inviting them to attend the CCG Governing Body, particularly to respond to their concerns about how the trust can continue to provide high quality services in spite of the increasing pressure on their services.

The Committee noted the update.

c) Quality in Care Homes Quarter 3 update

The Deputy Chief Nurse presented an update on care home activity in Quarter 3 that reported on those care homes in Sheffield where the quality of care was a concern. The Chair asked if those homes of concern were identified on Sheffield City Council's website, and agreed to review what information was available.

AF

The Deputy Head of Internal Audit asked if, for future reports, the table could include when the last inspections were carried out, the summary conclusions coming out of those, and whether the home was receiving daily, weekly or monthly inspections. The Deputy Chief Nurse would establish the feasibility of providing this information.

JH

The Committee received and noted the report.

d) Winterbourne View report

The Chief Nurse presented this report. He reported that Castlebeck, the provider that operated Winterbourne View, had recently gone into receivership, although the Administrators had confirmed that they would continue operating for the present time. He reported that the six patients currently in Castlebeck Care homes had each had a safe and well visit in the last 48 hours, and had a care plan in place for each one.

The Committee received and noted the report and that the Chief Nurse was leading the response to Winterbourne View, on behalf of CCG.

KeC

e) Yorkshire Ambulance Service (YAS) and NHS111

The Chief Nurse advised the Committee that it had been proposed that the CCG may become responsible for YAS's quality monitoring for South Yorkshire.

The Chief Nurse advised the Committee that the soft launch for Sheffield's 111 service had been delayed until 12 March.

The Committee noted the updates.

f) One Medicare

The Chief Nurse advised the Committee that a Quality Manager had now been appointed with responsibility for One Medicare. He and the CCG's

Responsible Officer had met with the service to discuss two Whistleblowing cases and received assurance that appropriate actions were being taken.

The Committee noted the update.

07/13 Patient Safety

a) Serious Incident Quarter 3 update

The Deputy Chief Nurse presented this report on all Serious Incidents (SIs) for which the Committee has either a direct or a performance management responsibility. She advised the Committee that the main concerns related to both the number of incidents at SHSCFT and the length of time they were taking to investigate these.

She advised the Committee that the standard of STHFT's reporting had been raised contractually with them, and we had received assurance that they are reviewing their trust wide process. She also advised the Committee that the trust provides an update every six months on the learning from incidents.

The Committee received and noted the report.

b) STHFT Never Event Action Plan

The Deputy Chief Nurse presented this report, which had also been presented to the Governing Body. The Chief Nurse has already being part of a review of the Trusts operating theatres.

The Committee received and noted the action plan.

The Chief Nurse entered the room at this stage.

c) EF Independent Investigation and Action Plan (from 2007)

The Deputy Chief Nurse presented this independent report into a double homicide committed by a SHSCFT service user in 2007. She advised members that the CCG paid for the investigations but did not have control over them, and were commissioned by the Strategic Health Authority (SHA) but would transfer to the National Commissioning Board (NCB). She advised members that the CCG's role was to performance manage the action plan, through the contracting route.

The Committee received and noted the report.

d) Infection Control Quarter 3 update

The Deputy Chief Nurse presented this report which detailed the activity from Sheffield providers in relation to Infection Prevention and Control for Quarter 3. She drew members' attention to the main concerns which included the number of MRSA cases at STHFT and SCHFT; non compliance of MRSA screening at SHSCFT. She also reported that the

number of Norovirus cases were starting to reduce but outbreaks would still be monitored.

The Committee received and noted the report.

e) Clostridium Difficile Action Plan update

The Deputy Chief Nurse presented this report. She advised the Committee that we had put together an internal action as we were concerned about our challenging targets for next year. She reported that as STHFT were currently running at about 20 cases under target, their target for next year would be a 14.66% reduction on this year's outturn. She also reported that, following two Protected Learning Initiative (PLI) events containing guidance relating to C.Difficile management in the community, the number of cases had significantly reduced for January.

The Committee endorsed the action plan and the progress made with providers.

f) Safeguarding Quarter 3 update

The Deputy Chief Nurse presented this report which updated the Committee on the cases where NHS Sheffield has involvement, which had been received by the Governing Body in December 2012.

(i) Children

There were three additional cases since this report had been written. She advised the Committee that the Child T case was still ongoing, and Child F would be a serious case review (SCR). The CCG had also been asked to participate in a SCR for Haringey, and the case review of the death of a child in Manchester.

(ii) Adults

There were five cases open. The Deputy Head of Internal Audit had asked if deadlines could be included on the action plans. In this respect, the Deputy Chief Nurse would review the reports to ascertain if they were relevant to the CCG.

JH

(iii) Domestic Homicide Reviews (DHRs)

The Deputy Chief Nurse clarified that with regard to the acronyms used, and using learning from the first review, the coding system had now been changed to a 'letter' for the full DHR and a number for a case review.

The Committee received the report and noted the progress made against the action plans.

08/13 Medicines Safety

a) Controlled Drugs Accountable Officer Quarter 4 update and Annual Report

Hilde Storkes, Medicines Governance Officer, attended for this item and presented these reports. She advised the Committee that the Quarter 4 update reported on concerns and incident reports relating to NHS Sheffield that had been received and considered at the Controlled Drugs Local Intelligence Network (CDLIN) held on 19 December 2012. She advised the Committee that 75 new occurrences had been identified from Quarter 1, and that 41 of the 66 ongoing occurrences had been resolved. She advised members that incidents were mainly reported from community pharmacists, and the level of reporting was good, with no concerns.

The Chief Nurse advised the Committee that the Controlled Drugs Accountable Officer role in future would be held by the National Commissioning Board. As they did not have a senior pharmacist, the CCG's Head of Medicines Management would provide a supporting role to the NCB's Chief Nurse, with the Commissioning Support Unit (CSU) carrying out follow up visits.

The Committee received and noted the reports.

b) Medicines Safety Group update

Hilde Storkes, Medicines Governance Officer, presented a summary of the key topics discussed at the Medicines Safety Group meetings in November 2012 and January 2013 regarding the work undertaken to reduce the risk of medicines in NHS Sheffield. She advised members that the functions of the National Patient Safety Agency (NPSA) had now transferred to the NCB but no new medicines alerts have been issued.

She advised the Committee that it was intended to audit the implementation of the Insulin Passport, even though the CCG had declared compliance.

The Committee received and noted the report.

09/13 Effectiveness and Audit

a) Dr Foster report: results for STHFT 2011/12

The Deputy Chief Nurse presented this report and drew members' attention to the number of Reds on the efficiency analysis.

The Committee received and noted the report.

b) Patient Reported Outcome Measures PROMS update

The Clinical Audit and Effectiveness Manager presented this report. She

drew members' attention to STHFT continuing to be a negative outlier for the hip replacement EQ5D measure, and reported that the trusts was reviewing its practice in orthopaedics.

The Committee received and noted the report.

c) Clinical Audit and Effectiveness Quarter 3 update

The Clinical Audit and Effectiveness Manager presented this report. She advised the Committee that the three main providers continued to make good progress with the clinical audit and effectiveness programmes for 2012/2013.

The Committee received and noted the report.

d) Clinical Audit Priority programme 2013/14

The Clinical Audit and Effectiveness Manager presented this report. She advised members that the programme had been developed and agreed with our providers on an annual basis, and had been agreed through the CCG's Clinical Reference Group (CRG).

The Committee approved the Clinical Audit Priority Programme for 2013-14.

e) CQUIN Quarter 3 report

The Clinical Audit and Effectiveness Manager presented this report. She advised the Committee that whilst STHFT and SCHFT had met all indicator requirements for Quarter 3, SHSCFT had not achieved three of the indicator requirements so members of the CCG's quality team were working with the trust to resolve these performance issues.

The Committee received and noted the report.

f) Quality Accounts report arrangements for 2012/13

The Clinical Audit and Effectiveness Manager presented this report. She advised the Committee that some of the NHS (Quality Accounts) Regulations 2010 had been amended following the introduction of the Health and Social Care Act 2012, and there would now be a more standardised reporting framework.

The Committee received and noted the report.

10/13 Patient Experience

a) Eliminating Mixed Sex Accommodation Quarter 3 update

The Deputy Chief Nurse presented this report which showed the breaches declared by each provider since reporting to commissioners began in September 2010. She advised the Committee that there had been no breaches in Quarter 3, and that there had been only two

breaches this year at SCHFT.

The Committee received and noted the report.

b) Compliments, Complaints and MP Enquiries Quarter 3 report

The Deputy Chief Nurse presented this report. She drew members' attention to the 25 day response target that was currently only met for 78% of MP enquiries and 33% of formal complaints, and advised that measures were being put in place to improve the response rate for complaints.

The Committee received and noted the report.

c) STHFT Patient Experience Report Quarter 2 update

The Deputy Chief Nurse presented this report. She advised members that there was a huge amount of patient feedback information and that the trust was performing well with its Family and Friends test in terms of implementation. She suggested that the discharge information feedback also be included on future reports.

The Committee received and noted the report.

11/13 Policies for Approval

The Deputy Chief Nurse presented the five policies. She advised the Committee that they had all been updated so were fit for purpose for the CCG, with the caveat that they would have to be updated in the next few months or should reporting procedures change.

The Quality Assurance Committee approved the following policies:

- Mental Capacity Act 2005 Policy
- Complaints and Compliments Policy
- Commissioning Safeguarding Adults and Children's Policy
- Serious Incidents Procedure
- Standard Infection, Prevention and Control Precautions Guidance

12/13 Internal Assurance / Business

a) Internal Audit Report: Patient Safety Draft South Yorkshire Version

The Deputy Chief Nurse presented this report. She advised the Committee that the report had been commissioned via Internal Audit with coverage across the SY Cluster. It provides significant assurance that Sheffield has adequate reporting processes in place for the areas of patient safety.

The Committee received and noted the report, and that the final report had now been issued.

b) Terms of Reference for Quality Assurance Business Meeting

The Chief Nurse presented the Terms of Reference and advised members that they had been approved in principle by the Governing Body, who had asked that the Committee review that membership of the group was fit for purpose. He advised the Committee that the establishment this group would need to be reflected as a change to the CCG's Constitution.

The Chair and Chief Nurse would discuss outside of the meeting the items that could be discussed at Business and Committee meetings respectively.

AF/KeC

The Committee approved the Terms of Reference.

c) Terms of Reference for Commissioning Children's and Adults Safeguarding Groups

The Deputy Chief Nurse presented the Terms of Reference for both groups. She advised the Committee that they had been updated to reflect changes to the new organisation, and confirmed that both groups included representation from SCC.

The Committee:

- Approved the Terms of Reference for the Commissioning Children's Safeguarding Group.
- Approved the Terms of Reference for the Commissioning Adults Safeguarding Group.

d) Terms of Reference for Serious Incident Closure Group

The Deputy Chief Nurse presented the Terms of Reference. She advised the Committee that the Terms of Reference had been updated to reflect changes to the new organisation, and would be reviewed after 1 April.

The Committee approved the Terms of Reference for the Serious Incident Closure Group.

13/13 Any Other Business

a) Internal Audit

The Deputy Chief Nurse advised the Committee that Internal Audit had reported full assurance of the CCG's infection control processes and this will be reported at the next meeting.

JH

b) Communications

Members asked if there could be an email dialogue in between

Committee meetings. It was agreed that all members would receive for information copies of all Business meeting papers, to enable them to feed in their views as and when required.

JH

14/13 Date and Time of Next Meeting

Friday 31 May 2013, 1.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road

15/13 Transfer of Assets and Liabilities of PCTs within the South Yorkshire and Bassetlaw Cluster to Receiving Organisations

Andy Buck, Chief Executive, Steve Hackett, Director of Finance, and Margaret Kitching, Chief Nurse, of Sheffield Primary Care Trust, attended with Brian Hughes representing the NHSCB, to formally hand over the PCT Quality Handover Document to the Quality Assurance Committee, who were receiving the legacy on behalf of Sheffield CCG. He advised attendees that the final quality and corporate handover documents would be sent to the CCG by 28 March.

On behalf of Sheffield CCG, the Quality Assurance Committee formally received the Quality Handover Document .

This was followed by colleagues from Sheffield CCG, Sheffield Foundation Trusts, Sheffield City Council, and Public Health England, as receiver organisations, receiving the Quality Handover Document from the PCT.