

Quality Assurance Committee Meeting Minutes

Governing Body meeting

Q

4 July 2013

Author(s)/Presenter and title	Amanda Forrest, Lay Member, Chair of Quality Assurance Committee
Sponsor	Kevin Clifford Chief Nurse
Key messages	
<p>The Committee received information regarding the performance of providers in relation to quality of services:</p> <ul style="list-style-type: none"> • A monthly Business Meeting has been set up to enable urgent quality and safety issues to be discussed with a timely decision making process. • The Committee approved the CCG's response to the Francis Report and received an update on the Government's response. • Never Events in Sheffield were discussed and assurance was provided that appropriate and timely action was being taken by the Provider. 	
Assurance Framework (AF) 2012/13	
<p>Risk Reference (RR) No. 901</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed?</p> <p>AF reference 2.1.1a,b,c,d. This is an existing control and provides assurance regarding the performance of Sheffield Providers in relation to quality and safety of services</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? NO</p> <p>Which of the 9 Protected Characteristics does it have an impact on? Potentially all 9.</p>	
Public and Patient Engagement	
None required.	
Recommendations	
The Governing Body is asked to consider the minutes of the meeting.	

**Minutes of the Quality Assurance Committee meeting
held on Friday 31 May 2013, 1.00 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 (up to item 26/13)
Idris Griffiths, Chief Operating Officer
Jane Harriman, Deputy Chief Nurse
Tony Moore, Senior Quality Manager
Ian Saxton, Deputy Head of Internal Audit

In Attendance:

Carol Henderson, Committee Administrator
Nikki Littlewood, Infection Prevention and Control Nurse (for item 23/13(c) and (d))
Bev Ryton, Clinical Audit and Effectiveness Manager
Hilde Storkes, Medicines Governance Officer (for item 24/13)

ACTION

16/13 Apologies

Apologies had been received from Sue Berry, Senior Quality Manager, Peter Magirr, Head of Medicines Management, and Dr Zak McMurray, Joint Clinical Director

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

17/13 Declarations of Interest

There were no declarations of interest.

18/13 Minutes of the meeting held on 8 March 2013

The minutes of the meeting held on 8 March 2013 were agreed as a correct record.

19/13 Matters Arising / Actions

a) Rotherham NHS Foundation Trust (minute 04/13(a) refers)

The Deputy Chief Nurse advised the Committee that she had received assurance from the trust that they were managing the problems associated with their outpatient booking system.

She also advised the Committee that it had been agreed to continue the monthly SY&B Quality Leads' Forum, where significant quality issues relating to other providers in South Yorkshire will be raised and discussed.

The Chief Nurse reported that quality issues relating to other providers outside South Yorkshire and Bassetlaw, the majority of which would be via specialised commissioning services, were managed through the Local Area Team's Quality Surveillance Group.

**b) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)
(minute 06/13(a)(i) refers)**

The Deputy Chief Nurse advised the Committee that the assurance visit to the trust to review their practice for Methotrexate prescribing and to agree a plan of action had taken place on 15 March.

**c) Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)
(minute 06/13(a)(ii)refers)**

The Chair advised the Committee that the CCG Governing Body had discussed 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 Chief Nurse reported that there was not really an issue with accessing the service, but that the service availability now had not received the increase that had been initially planned a couple of years ago.

d) Quality in Care Homes Quarter 3 update (minute 06/13 (c) refers)

The Chair reported that she had received clarification on the information that was available on Sheffield City Council's website on those homes where there was concern of quality of care. The Chief Nurse advised the Committee that he and the Deputy Chief Nurse would be meeting with the CCG's new contact at the Care Quality Commission (CQC) later in the afternoon and would raise with them how they could get better accessible information out to members of the public.

The Chief Nurse advised the Committee that the CCG and Sheffield City Council (SCC) visited care homes on a regular basis as they did not rely on CQC intelligence. The Committee suggested that colleagues from the CQC be invited to a future Committee meeting to clarify how they monitor care homes.

The Deputy Chief Nurse advised the Committee that information on when last inspections were carried out, summary conclusions, and whether the home was receiving daily, weekly or monthly inspections, would be included in the next report to the Committee.

JH

e) Winterbourne View Report (minute 06/13(d) refers)

The Chief Nurse advised the Committee that the Chief Nurse and the Head of Care and Support Communities Portfolio, SCC, were leading the response to Winterbourne View, on behalf of the CCG and SCC respectively. Two workshops, led by a third sector group, that included patients and carers, had been held, and a small group was leading on an action plan.

f) Safeguarding: Adults Quarter 3 update (minute 07/13(f)(ii))

The Chief Nurse advised the Committee that a review of the reports had been undertaken to ascertain if they were relevant to the CCG. This would be discussed further at the next Safeguarding Adults city-wide meeting on 7 June.

KeC

20/13 Quality Assurance Committee Business Meeting

a) Notes from the Business Meeting held on 24 April 2013

The Deputy Chief Nurse presented the notes of the meeting held on 24 April 2013. Members commented that it was helpful to receive the notes.

The Committee received and noted the minutes.

b) Updated Business Meeting Terms of Reference

The Deputy Chief Nurse presented the updated Terms of Reference.

The Chief Nurse advised the Committee that any quality issues relating to Local Enhanced Services (LESs) would be discussed at this forum from now on. This needed to be a time efficient process, based on information we already have, also ensuring we have access to the information collected by the Local Area Team for Quality and Outcomes Framework (QoF) purposes. This is work in progress now, will be shared with the Commissioning Executive Team (CET), and be built into the Primary Care Strategy currently being drafted.

JH

The Chief Nurse also reported that he would be drafting up a proposal as to what governance for primary care will look like in the future.

KeC

The Committee received and noted the updated Terms of Reference.

21/13 Regulation

a) Care Quality Commission Strategy 2013-16: 'Raising Standards, Putting People First 2013-2016'

The Senior Quality Manager presented this report which described how the CQC would make sure that people were provided with safe, effective, compassionate and high-quality care. He drew the Committee's attention to section 3 of his report which described how this would be done.

There was to be a change in approach to inspections. Members asked how, and by whom, inspections would be carried out. The Senior Quality Manager responded that the CQC was committed to put in relevant people, with relevant experience in the environment they would be going into. Members suggested inviting the CQC to attend a Committee meeting to discuss this and other issues further. The Chief Nurse suggested that we could ask the CQC how they could engage with the

CCG and that we would welcome an invitation from them to undertake joint inspections.

KeC

The Committee discussed how care provided in the daytime differed to that provided at night, and the reported trend of worse outcomes from undergoing surgery at the end, rather than at the start of the week. The Chief Nurse advised that STHFT had previously reviewed its operating schedule, with larger operations carried out at the beginning of the week and minor or day surgery towards the end.

The Committee received and noted the report.

b) Quality in the New Health System: Implications for Commissioners from National Reviews of Quality (Francis 2)

The Deputy Chief Nurse presented this report, which would also be discussed by the CCG Governing Body the following week. She advised the Committee that the Government had made an initial response to the original Francis report, with a final definitive report due in September, and her report provided an overview of that response. We were not under any pressure at this stage to put deadlines against individual recommendations, although we are being held to account and will hold our own providers to account. The CCG needed to agree the recommendations that should be taken forward and the paper provided the current position of the CCG. She advised the Committee that it was the intention that recommendations agreed to be taken forward by the CCG would inform the development of a CCG Commissioning for Quality Strategy, which would include a detailed action plan of how we would take forward the recommendations.

She drew the Committee's attention to Appendix A which set out the detail of a scoping exercise and an estimated current position of all the recommendations that related to Sheffield CCG. An example of one of the recommendations is the requirement for CCGs to intervene in the management of providers' serious complaints, which is rarely undertaken. The Chief Nurse reported that under the new system, complaints about primary care are put through to the national system. If we are given a complaint about a secondary care organisation, we make the trust aware and jointly manage that complaint, but if the complaint goes direct to the trust they do not have to let us know about it. For any multi-agency complaint, the CCG has a co-ordinating role.

The Chair reminded the Committee about the NHS Complaints Advocacy Service, which is a free and independent service that can also help people make a complaint about a National Health Service (NHS).

Dr Afzal asked how much information was already available in the system and what would be needed from the GPs, as providers. The Chief Nurse responded that we were not looking to create an industry for our providers, and we would make the best use of intelligence we already have.

It was agreed that the message from the Committee to the Governing

Body on 6 June would be that quality is primacy. The Governing Body needs to agree priority areas of work to deliver, which will need to be reviewed following the final Government response.

The Chair would feedback the key points from this discussion to John Boyington, who was chairing the next Governing Body meeting, including moving the item further up the agenda so it would flow seamlessly from the Quality and Outcomes report, be a more lengthy discussion than that scheduled, and for it to be led by the Chief Nurse.

AF

The Committee:

- Noted the current actions for commissioners to take forward the Francis (2) recommendations and the current position.
- Agreed that priorities needed to be agreed by the Governing Body
- Supported the development of a Commissioning for Quality Strategy for the CCG.

22/13 Providers' Performance

a) Foundation Trusts and Private Providers

(i) Quality Dashboard Summary Quarter 4

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 4. She reported that there was a summary of providers' staff survey results.

STHFT: There had been one episode of (Methicillin-Resistant Staphylococcus Aureus (MRSA) in April and the trust had undergone a Root Cause Analysis (RCA). Action on Never Events was ongoing and the trust had met all Commissioning for Quality and Innovation (CQUIN) targets last year except one.

SHSCFT: the only issue for the trust was around their performance in the reporting of Serious Incidents (SIs). They had also not met three CQUIN targets.

SCHFT: The trust had a total of eight Clostridium Difficile (C.Diff) cases, against our target of three, most of which had been unavoidable but two had occurred on the same ward. The Chief Nurse also advised the Committee that the trust had re-started safeguarding training of staff, which had been of previous concern to the Committee.

Thornbury: a CQC compliance visit in Quarter 4 had identified non-compliance with equipment in relation to anaesthetic tubing not being regularly replaced. This had now been addressed in an action plan, and the hospital was fully compliant.

The Committee received and noted the report.

b) Unscheduled Care

(i) South Yorkshire and Bassetlaw NHS111 Implementation

The Chief Nurse gave an oral update and advised the Committee that there had been phased implementation of 111 across South Yorkshire and Bassetlaw, with go' live' now planned for Sheffield on 2 July, but assurance was sought from the Yorkshire Ambulance Service (YAS) not to have a further 'stop, go'. However, the service had been rolled out successfully in other parts of South Yorkshire and Bassetlaw and Yorkshire and the Humber, although there had been a number of incidents for Sheffield residents. He advised members that it was a national decision as to when information would be available to the public. He reported that Sue Berry, Senior Quality Manager, would in future present a quality report on YAS, and would capture performance on all of the ambulance services in the dashboard summary.

SB

The Committee noted the update.

(ii) Quality in Care Homes Annual Report 2012/13

The Deputy Chief Nurse presented this report which provided an overview of the activity and performance of Care Homes in relation to Quality during 2012/2013

She drew the Committee's attention to section 5.1 and "Care Plans and Policies", with only 44% of homes being compliant with this standard, and reported that two members of the CCG's Care Home Support Team were continuing to provide support and training in this area to assist care homes in meeting this standard.

The Deputy Head of Internal Audit asked if there were any care homes where there were concerns. He asked if Appendix 1, which showed the results of performance for the 21% of care homes visited, could in future include an analysis of how the homes performed. The Deputy Chief Nurse responded that she provided this information on a quarterly basis, but would provide this detail as an additional appendix to this report.

JH

The Committee received and noted the report.

23/13 Patient Safety

a) Serious Incident Annual Report 2012/13

The Senior Quality Manager presented this report which updated the Committee on all Serious Incidents (SIs) for which it has either a direct or a performance management responsibility. He drew the Committee's attention to the key issues which included SHSCFT's timeliness of reporting and producing better quality reports and two clusters of Never Events at STHFT. There are issues about the timely receipt and the quality of reports at STH, including having terms of

reference for the investigations.

The Committee received and noted the report.

b) Update on Never Events

The Deputy Chief Nurse gave an oral update. She advised the Committee that STHFT now had an overarching Never Event action plan, that had been effective in preventing any further events. She also reported that feedback would be given to the trust on their Methotrexate prescribing report, which had recently been received.

JH

The Committee noted the update.

c) Infection and Prevention Control Quarter 4 update

Nikki Littlewood, Infection Prevention and Control Nurse, presented this report and drew the Committee's attention to the key highlights.

- (i) SCHFT: as reported earlier, there had been eight cases of C.Diff against a target of three. Two cases that occurred on the same ward had a Root Cause Analysis (RCA) undertaken, the ward had now been deep cleaned and ward infection prevention and control audits were now up to date and satisfactory. There had been no MRSA Bacteraemia cases at the trust since 2008.
- (ii) SHSCFT: MRSA screening - now 71% compliant, which was an improvement from the previous quarter.
- (iii) STHFT: the trust remained under target on C.Diff cases at Quarter 4, with 104 cases against a target of 134.
- (iv) There had been more focus recently on general practice, with a number of training sessions held, and continued support to practice nurses.
- (v) Thornbury: They had had one C.Diff case in February, for which a full RCA analysis had been requested.
- (vi) Capital Planning / Refurbishing Projects: The Committee noted that work had now been completed on the refurbishment of clinical rooms in the Central Health Clinic Sexual Health Department.

The Committee received and noted the report.

d) Clostridium Difficile Action Plan update

Nikki Littlewood, Infection Prevention and Control Nurse, presented this report. She advised the Committee that the plan has been updated again, following antibiotic prescribing audits and supported the really challenging C.Diff target for the CCG. This year the outturn was 232 cases against a target of 191. The distribution of C.Diff

cards to patients with community attributable C.Diff was still outstanding but planned for implementation this year.

The findings from the recent antibiotic audit showed that Cephalosporin had been prescribed for a wide variety of conditions outside the Sheffield formulary. The prescribing of general Cephalosporin was now restricted and only issued if there was no prescribing alternative. Cephalosporin prescribing on Mid Stream Urinal (MSU) samples would only be given if there was no other prescribing alternative, and there would be a warning included on the drug that "Oral Cephalosporins" promote the development of Clostridium Difficile diarrhoea and are associated with acquisition and spread of multi-resistant Coliforms"

STHFT have developed a C Diff action plan for 2013/14, with a clear focus on deep cleaning standards. The trust was looking at piloting one ward to screen every patient for C.Diff, but it was unknown at this stage how this was going to be reported. The Infection Prevention and Control Nurse would seek clarification on this.

JH(NL)

She also advised the Committee that a further Infection Prevention and Control Protected Learning Initiative (PLI) event was in the process of being arranged for later in the year.

The Committee approved the plan.

e) Safeguarding

(i) Safeguarding Children Annual Report

The Deputy Chief Nurse presented this report. The Chief Nurse advised the Committee that whilst interim Designated Doctor cover was being provided from the Named Doctor at SCHFT, a consultant had expressed an interest, but only if A&E sessions could fill the remainder of the post. This was being taken up by SCHFT with the consultant.

The Committee received and noted the report.

(ii) Safeguarding Adults Annual Report

The Deputy Chief Nurse presented this report.

The Committee received and noted the report.

(iii) New National Guidance on Safeguarding Adults and Children

The Deputy Chief Nurse presented this report which updated the Committee on three new key documents relating to safeguarding adults and children.

The Committee received and noted:

- Safeguarding Vulnerable People in Reformed NHS:

- Accountability and Assurance Framework
- Safeguarding Adults: An Aide Memoire for Clinical Commissioning Groups
- Working Together to Safeguard Children 2013

24/13 Medicines Safety

a) Controlled Drugs Accountable Officer Quarterly update

Hilde Storkes, Medicines Governance Officer, presented the concerns and incident reports relating to the CCG, received and considered at the Controlled Drugs Local Intelligence Network (CDLIN) held on 20 March 2013. She advised the Committee that the CCG had considerable robust systems in place for following up concerns and incidents. She drew the Committee's attention to the key issue at Appendix iii, the Memorandum of Understanding between the CCG and South Yorkshire and Bassetlaw for the Safe Management and Use of Controlled Drugs. She reported that the Controlled Drugs Accountable Officer now resided with NHS England, but assurance processes are in place within the CCG.

The Committee received and noted the report.

b) Medicines Safety Group update

Hilde Storkes, Medicines Governance Officer, presented a summary of the key topics discussed at the Medicines Safety Group meeting in March 2013 regarding the work undertaken to reduce the risk of medicines in the CCG and an oral update from the meeting held in May. She drew the Committee's attention to the key issues.

A more robust Shared Care Protocol (SCP) for prescribing Modafanil to cover licensed and unlicensed indications had been approved by the Medicines Safety Committee at STHFT. However, the Area Prescribing Group was addressing concerns regarding liability for the unlicensed indications.

With regard to prescribing of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) STHFT was working on an action plan to change from diclofenac to ibuprofen and naproxen, due to the warning of the increased cardiovascular risk with diclofenac.

The Chief and Deputy Chief Nurses were addressing and discussing with the Local Area Team (LAT) an incident at a practice where a drug interaction was not picked by the computer system (SystemOne) because the duration of an acute prescription had been entered as one day when it was for six.

KeC/JH

In addition to the report, she also advised the Committee that a new syringe driver for End of Life drugs had been introduced at STHFT and in the community. An update on progress with the implementation of this would be given at the next meeting.

PM

The Committee received and noted the report.

25/13 Effectiveness and Audit

a) Patient Reported Outcome Measures (PROMS) update April 2011 to March 2012

The Clinical Audit and Effectiveness Manager presented this report. She drew the Committee's attention to the key issues which included STHFT being an outlier for a hip replacement measure. The trust continued with internal analysis to determine the underlying causes of this.

The Committee received and noted the report.

b) CQUIN Annual Report 2012/13

The Clinical Audit and Effectiveness Manager presented this report which provided information relating to the performance of providers in Sheffield on delivery of the 2012/13 CQUIN schemes, and detailed the agreed schemes for 2013/14. Each scheme was assessed individually, and in relation to non-achievement, all issues are being followed up next year either by the continuation of an indicator via the continued receipt of data for specific indicators.

The Committee agreed that the report should now be presented to the CCG's Planning and Delivery Group for implementation.

IG

The Committee received and noted the report.

c) Provider Quality reports

The Clinical Audit and Effectiveness Manager gave an oral update and advised the Committee that she had received draft reports from our provider trusts. Each statement would be included in the final reports which would be published on NHS Choices once approved by the Trust Boards.

The Committee noted the update.

The Chief Nurse left the meeting at this stage.

26/13 Patient and Staff Experience

a) Eliminating Mixed Sex Accommodation Quarter 4 update

The Deputy Chief Nurse gave an oral update and advised the Committee that, as had been reported at previous meetings, SCHFT had had two breaches in-year.

The Committee noted the update.

b) Compliments, Complaints and MP Enquiries Annual Report

The Deputy Chief Nurse presented this report. She advised the Committee that the total number of complaints, for which Sheffield CCG was the lead organisation, had increased by 29% from 173 in 2011/12 to 223 in 2012/13, and the number of MP enquiries received had increased by 11% from 54 in 2011/12 to 60 in 2012/13. As a consequence of the transitional period, no additional staff, and the complexity of a large number of complaints involving multiple organisations, we had not met our 25 day response targets.

The Deputy Chief Nurse and the Deputy Head of Internal Audit would discuss issues he had raised about clarification of the numbers of complaints outside of the meeting.

JH/IS

The Committee received and approved the report.

27/13 Internal Assurance / Business

a) Internal Audit Report: Infection Control

The Deputy Chief Nurse presented this report which provided a summary of the audit review of the current arrangements for Infection Control to ensure they were effective and robust for the monitoring and management of Infection Control processes across the service providers in Sheffield. She advised the Committee that internal audit had deemed our arrangements to be completely satisfactory and provided 'full assurance' for the Committee that we were managing Infection Prevention and Control.

The Committee received and noted the report.

28/13 Any Other Business

There was no further business to discuss this month.

29/13 Date and Time of Next Meeting

Friday 6 September 2013, 1.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road