

Quality Assurance Committee Minutes

Item 14d

Governing Body meeting

5 June 2014

Author(s)	Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford, Chief Nurse
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
2. To improve the quality and equality of healthcare in Sheffield	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No	
<i>If not, why not?</i> Not required	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
Patient feedback from providers is part of the quality framework and reported within the quality dashboard.	
Recommendations	
The Governing Body is asked to note the discussion and minutes at the Quality Assurance Committee	

**Minutes of the Quality Assurance Committee meeting
held on Friday 16 May 2014, 1.30 pm – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Present:

Amanda Forrest, Lay Member (Chair)
Dr Amir Afzal, GP Locality Representative, Central (from item 19/14(a) onwards)
Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Clinical Director

In Attendance:

Sue Berry, Senior Quality Manager – Urgent and Primary Care
Professor Pam Enderby, Chair of Healthwatch Sheffield
Carol Henderson, Committee Administrator
Tony Moore, Senior Quality Manager – Commissioning
Graham Shead, Operational Auditor, 360 Assurance (on behalf of the Associate Director,
360 Assurance)
Guy Wood, Quality Manager (shadowing)

ACTION

It was noted that the meeting was not quorate at this stage as one core member had been delayed and therefore any decisions made during this time would be sent virtually to members for approval and this would be minuted in terms of agreement at the next meeting.

Post meeting note: No decisions were made during this time.

14/14 Apologies

Apologies had been received from Kevin Clifford, Chief Nurse, Dr Richard Davidson, CCG Governing Body Secondary Care Doctor, Idris Griffiths, Chief Operating Officer, Peter Magirr, Head of Medicines Management, and Kevin Watkins, Associate Director, 360 Assurance

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

She advised members that she had spoken with Dr Davidson about his attendance at meetings, which she would discuss with the Deputy Chief Nurse outside of the meeting.

AF/JH

15/14 Declarations of Interest

There were no declarations of interest.

16/14 Minutes of the meeting held on 7 March 2014

The minutes of the meeting held on 7 March 2014 were agreed as a correct record.

17/14 Matters Arising / Actions

a) Annual Reports to the Committee (minutes 47/13, 04/14(a) refer)

The Chair advised members that, as we come up to the next round of annual reports, she and the Deputy Chief Nurse would give some thought as to how to make it a fair experience for authors of reports to present them at the Committee meeting.

AF/JH

b) South Yorkshire and Bassetlaw Quality Surveillance Group (QSG) briefing (minutes 48/13(a) and 04/14(b) refer)

Professor Enderby advised the Committee that as Healthwatch felt overburdened with quality to the extent they could not undertake any quality work, they had agreed with the QSG that they did not need to attend that meeting so long as they attended the Quality Assurance Committee meeting.

c) Providers' Performance: FTs and Private Providers' Quality Dashboard Summary Report: STHFT (minute 06/14(c)(i) refers)

The Clinical Director advised the Committee that he had spoken to STHFT's Medical Director regarding issues relating to quality and discharge summaries, who had advised him that the trust has documentation setting out what the minimum standards should be, which he had circulated to his clinical teams, and which would be raised formally at our next quality contract meeting with the trust. He also reported that the Local Medical Committee was in discussions with the trust's Medical Director regarding what follow up tests, etc, it was appropriate for the trust to pass on to practices following patient discharge, in line with GPs' national contracts.

ZM

18/14 Quality Assurance Committee Business Meeting

The Deputy Chief Nurse gave an oral update and reported that no internal business meetings had taken place since the Committee last met on 7 March 2014 but it was functioning as an electronic virtual forum.

19/14 Providers' Performance

a) South Yorkshire and Bassetlaw Yorkshire Ambulance Service NHS Trust (YAS) NHS999 / 111 / Patient Transport Service (PTS) / Arriva Transport Services Ltd (ATSL) / City Taxis Quarter 4 Report

The Senior Quality Manager - Urgent and Primary Care presented this report which provided an update on the performance of YAS, Arriva Transport Services Ltd (ATSL) and City Taxis.

i) YAS

She advised members that YAS had only just achieved the target for the 999 - 8 minute response time. Green performance (20 – 30 minutes response time) at year end was below expected target. For 111 there remain ongoing issues relating to transferring calls from the call handler directly to a 111 clinician, and around clinical call back times. However, the clinical call back times are considered satisfactory. The trust was also underperforming on Patient Transport Services (PTS), however, we expect to see an improvement as a service improvement plan is in place.

She also advised the Committee that two Serious Incidents (SIs) had been reported in a short space of time relating to delayed response times, which will be raised at our next contract meeting with the trust.

SB

ii) Arriva Transport Services Ltd (ATSL)

She advised the Committee that ATSL were underperforming on GP urgent referrals (the 1 hour demand for GP Urgent calls). This is being addressed through a detailed analysis of data, however, some of this could be related to the lack of understanding of the referral system. As a result of this, the Senior Quality Manager and Contract Manager are working with Single Point of Access (SPA) team and Arriva to redesign the referral algorithm. The CCG has also issued a contract query to ATSL.

TM

Dr Afzal joined the meeting at this stage, which meant the meeting was now quorate.

iii) City Taxis

The Senior Quality Manager – Urgent and Primary Care advised the Committee that there were currently no exceptions for this service, which was operating within all its KPIs and parameters.

Professor Enderby advised the Committee that feedback from patients suggested that the services for patients travelling to hospital for renal dialysis was markedly different and a better experience for those using the city wide taxi service rather than the ambulance service. The Chair asked Professor Enderby to liaise with the Senior Quality Manager to clarify if this was affecting a certain cohort of patients.

PE

Dr Afzal asked if there was any difference between the remuneration between the city wide taxi service and the ambulance service. The Quality Manager responded that the only difference in the services provided would be whether or not an ambulance double man crew were assigned.

The Committee asked that their concerns about YAS and ATSL be brought to Governing Body's attention, including the general view that we needed to hold them to account more, which could be taken up

through Board to Board meetings, in consultation with the lead commissioner CCG.

AF

The Committee received and noted the report.

b) General Practice

The Senior Quality Manager – Urgent and Primary Care gave an oral update and advised the Committee that there had been no Care Quality Commission (CQC) visits to general practices since its last meeting.

c) Foundation Trusts and Private Providers' Quality Dashboard Quarter 4 Summary Report

The Deputy Chief Nurse presented this report. She advised the Committee that it detailed the performance in relation to quality of key providers in Sheffield. She advised members that only exceptions (Red / Amber indicators) were included in the summary.

i) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

She drew members' attention to the key performance issues.

Red Indicators

Methicillin-resistant Staphylococcus Aureus (MRSA): There had been four cases reported during the year. In Quarter 4, one case was reported in February and had been unavoidable in that there had been no health care provided to the patient in the UK.

Reporting of Serious Incidents and Never Events: A draft report from the external review of Never Events at the trust had been received, which was currently being reviewed by the Chief Nurse. The red rating was due to the trust reporting never events during the year.

KeC

Safeguarding Vulnerable Adults: There is a reported low percentage of clinical staff receiving training and we will be writing to the trust to clarify the numbers.

JH

Amber Indicators

Family and Friends Test (FFT) Response rates for A&E and maternity services were poor when benchmarked against similar sized trusts, who are working to make improvements. We anticipate improvement during the next two months as new models of data collection are introduced.

She also advised the Committee that there were a number of CQUINs the trust had not fully met and this will be detailed in the CQUIN annual report.

Professor Enderby commented that from a Healthwatch perspective it would be interesting to receive further detail on the Frequent Feedback. The Deputy Chief Nurse stated that the full reports from the patient

JH

experience report could be presented at the next meeting.

ii) Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)

The Senior Quality Manager – Commissioning drew members' attention to the key performance issues.

Red Indicators

Training of Staff: This was also noted at the last meeting and further information has been requested from the trust regarding end of year data and plans for improvement, which is still awaited.

Amber Indicators

A number of the amber areas were training related and are being managed as stated above. The trust has also had an internal audit undertaken on their training processes and the report has been requested along with information on Personal Development Reviews (PDRs). A further update would be presented to the next meeting.

TM

CQUINS: There are a number of CQUINS in Quarter 4 that we are waiting for further data and clarification on before it can be established which indicators were met.

iii) Sheffield Children's NHS Foundation Trust (SCHFT)

The Senior Quality Manager – Commissioning drew the Committee's attention to the key performance issues. He reported that there were no Red indicators and seven Amber indicators.

CQC Inspections: As part of a pilot process and a new style of doing things, the trust had undergone a CQC inspection, with 30 inspectors visiting the trust over several days. He hoped to be able to feedback on this at our next meeting.

TM

CQUINS: There is data relating to training that needs clarity, but the trust has met CQUINS targets.

In addition to performance against the quality standards, there have been some concerns raised regarding the maintenance of open communication channels and this issue will be discussed with the trust.

iv) Independent Providers

St Luke's

The Senior Quality Manager – Commissioning advised the Committee that the hospital had logged two Serious Incidents, one relating to a missing patient and the other to a grade 4 pressure ulcer. Professor Enderby asked if there was a pattern for the pressure ulcers being in a specific area in the hospital. The Deputy Chief Nurse responded that in the future it should be possible to correlate staffing

JH

levels with pressure ulcers at ward level, following staffing level publication at the end of June.

Thornbury

The Senior Quality Manager – Commissioning advised the Committee that they had logged a serious incident in March relating to a retained object during surgery.

Claremont

The Senior Quality Manager – Commissioning advised members that there were no concerns relating to Claremont.

Other Issues

Professor Enderby requested that the report included targets in the narrative in future to put the data into context. The Chief Nurse would ensure this was amended for future reports.

JH

The Quality Assurance Committee received and noted the providers' quality dashboard position for Quarter 4 2013/14.

d) STHFT Patient Safety Thermometer (PST) Performance

The Deputy Chief Nurse presented this report which provided information regarding performance of the Patient Safety Thermometer (PST) for STHFT during 2013/14. She reported that it had been presented to Governing Body for comment in May.

The Committee received and noted the report.

e) Care Homes

i) Quality in Care Homes Quarter 4 Update

The Deputy Chief Nurse presented this report. She advised the Committee that 10 planned monitoring inspections had been carried out in Quarter 4, with follow up visits planned to those homes rated as Red.

The Committee received and noted the report.

ii) Quality in Care Homes Annual Report 2013/14

The Deputy Chief Nurse presented this report. She advised the Committee that 41 routine inspections had been carried out jointly with Sheffield City Council (SCC) in care homes in Sheffield, 29% of which were compliant with 90% or more of the elements inspected, with the highest areas of compliance being in meeting nutritional needs and supporting workers.

She confirmed that the CQUIN compliance rates were low and have been since the onset, but in the next few years we would be moving

forward to a more outcome based payment rather than process.

The Committee endorsed the 2013/14 performance and quality of care homes.

20/14 Patient Safety

a) Independent Action Plans: EF Plan

The Senior Quality Manager – Commissioning gave an oral report and advised the Committee that he had not yet received a copy of the final completed action plan from SHSCFT. He would circulate a copy of the plan to members once received.

TM

The Committee noted the update.

b) Infection Prevention and Control Annual Report 2013/14

The Deputy Chief Nurse presented this report. She advised the Committee that the Sheffield health community had not met MRSA targets last year although had made an improvement from last year.

Professor Enderby asked how our foundation trusts compare to other trusts of similar size and complexity. The Deputy Chief Nurse explained that for MRSA and Clostridium Difficile (C.Diff) STHFT was usually placed third or fourth against similar size trusts.

The Committee received and noted the Infection Prevention and Control Annual Report for 2013/14

c) Clostridium Difficile Action Plan 2014/15

The Deputy Chief Nurse presented this report which, she advised, had been updated this year to support the management of C.Diff cases in the community, and included recommendations from the external review of the plan carried out last year. She reported that a number of overdue actions had been carried forward from 2013/14, that had been delayed due to factors outside of the CCG's control.

She advised the Committee that Dr Rob Townsend, Consultant Microbiologist at STHFT, provided the CCG with excellent expert advice and the CCG had also recruited a second infection control nurse.

The Committee received and noted the CCG Clostridium Difficile Action Plan for 2014/15.

21/14 2014/15 Strategy for Safeguarding Adults

The Deputy Chief Nurse presented this strategy. She advised the Committee the strategy incorporated lessons learned from areas such as the Francis (Mid Staffordshire NHS Foundation Trust) and Winterbourne View. She reported that there were a number of challenging actions to deliver, for example seeking assurance that general practice was

adhering to national guidelines and management of the increased workload in relation to Domestic Homicide reviews.

Professor Enderby asked if consideration could be given to the relationship between the carer and the cared for as there are increasing concerns relating to safeguarding.

JH

Professor Enderby commented that the strategy was extremely interesting and helpful, and asked if something could be included on how we were supporting people with Dysphasia.

JH

The Committee approved the 2014/15 Strategy for Safeguarding Adults, subject to the amendments made, as noted above.

22/14 Clinical Audit and Effectiveness Annual Report 2013/14

The Deputy Chief Nurse presented this report. She advised the Committee that the CCG has an annual programme and the report details provider performance. The report demonstrates that this year there are more audits being completed and no specific concerns regarding providers.

The Committee approved the Clinical Audit and Effectiveness Annual Report for 2013/14.

23/14 Feedback from Patient Opinion Quarter 4 Report

The Deputy Chief Nurse presented this report which provided a summary of patient experience data gathered from stories posted on the Patient Opinion website during Quarter 4. She advised members that 81 'stories' had been posted from the Sheffield community, mostly related to STHFT. She explained that the CCG is unable to follow up individual posts, but we can alert and discuss concerns with providers if specific issues are raised by the public.

The Clinical Director commented that his practice was signed up to Patient Opinion and found it really useful.

Professor Enderby commented that it would be helpful to be able to improve the advertising of the service, including asking the patient what made the service good for them, which was just as important as asking them what made the service bad.

The Committee received and noted the report.

24/14 Policies for Approval

a) Clinical Audit Policy

The Deputy Chief Nurse presented this policy. She advised the Committee that it had been updated in relation to the new structure of the CCG, and with any new national guidance or standards

The Committee approved the Clinical Audit Policy.

b) NICE Implementation Policy

The Deputy Chief Nurse presented this policy. She advised the Committee that it had been updated in relation to the new structure of the CCG, and with any new national guidance or standards.

The Committee approved the NICE Implementation Policy.

25/14 Papers for Information

a) Controlled Drugs Accountable Officer Quarter 4 Update

The Deputy Chief Nurse presented the monitoring and incident reports relating to the CCG, received and considered at the Controlled Drugs Local Intelligence Network (CDLIN) held on 12 March 2014. She had no particular issues to draw to the Committee's attention.

The Committee received and noted the report.

b) Medicines Safety Group Quarter 4 Update

The Deputy Chief Nurse presented the presented this report which detailed the matters considered at the Medicines Safety Group (MSG) meeting held in March 2014. She had no particular issues to draw to the Committee's attention.

The Committee received and noted the report.

26/14 Any Other Business

Quality Assurance Approaches

Professor Enderby commented that she felt overwhelmed by the amount of quality assurance approaches and visits and reported that one provider had recently had a review undertaken by KPMG, LLP at the same time as three other reviews. She was concerned how Healthwatch could contribute and fit in with such a large number of inspections.

The Deputy Chief Nurse responded that this was a government responsibility and suggested that Professor Enderby contact the Department of Health (DH) for clarity.

There was no further business to discuss this month.

27/14 Date and Time of Next Meeting

Friday 5 September 2014, 1.30 pm – 3.30 pm, Boardroom, 722 Prince of Wales Road