

Quality Assurance Committee 6 September 2013

Governing Body meeting



3 October 2013

Author(s)/Presenter and title	Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford, Chief Nurse
Key messages	
<p>Key points raised at the Committee were:</p> <ul style="list-style-type: none"> <li>• Sheffield Teaching Hospital FT Never events, including two that were theatre related. The Trust has a robust and comprehensive action plan in place and the CCG is undertaking executive level meetings regarding a way forward to reduce the risk of further incidents.</li> <li>• Dr Anthony Gore, CCG Cancer Lead, had attended the meeting to present the findings from the Specialist Skin and the new Acute Oncology Service Peer Reviews. Two concerns had been raised regarding Acute Oncology and Skin, and plans were already being delivered to address these concerns.</li> <li>• C Difficile cases were an increasing concern as performance was over targets both in the acute sector and community (CCG attributable). The CCG is working closely with STHFT and considerable work had already taken place to mitigate the risk to patients acquiring C Difficile.</li> </ul>	
Assurance Framework (AF)	
<p><b>Risk Reference (RR) No. 6</b></p> <p><b>Is this an existing or additional control.</b> Existing control</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> NO</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> All</p>	
Public and Patient Engagement	
Not required	
Recommendations	
The Governing Body is asked to note the minutes	

**Minutes of the Quality Assurance Committee meeting  
held on Friday 6 September 2013, 1.00 pm – 3.00 pm  
in the Bessemer Room at 722 Prince of Wales Road, Darnall**

**Present:**

Amanda Forrest, Lay Member (Chair)  
Dr Amir Afzal, GP Locality Representative, Central  
Sue Berry, Senior Quality Manager – Primary Care  
Kevin Clifford, Chief Nurse  
Dr Zak McMurray, Joint Clinical Director (from item 35/13 and up to item 36/13(b))  
Tony Moore, Senior Quality Manager - Commissioning  
Kevin Watkins, Deputy Head of Internal Audit

**In Attendance:**

Dr Anthony Gore, CCG Cancer Lead (for item 35/13(c))  
Carol Henderson, Committee Administrator  
Nikki Littlewood, Infection Prevention and Control Nurse (for item 36/13(b))  
Sue Mace, Designated Nurse Safeguarding Children (for item 36/13(e))  
Sarah Neil, Complaints Manager and Patient Experience Lead (for item 39/13(a) and (b))  
Bev Ryton, Clinical Audit and Effectiveness Manager (for item 38/13)  
Hilde Storkes, Medicines Governance Officer (for item 37/13(a) and (b))

**ACTION**

**30/13 Apologies**

Apologies had been received from Idris Griffiths, Chief Operating Officer, Jane Harriman, Deputy Chief Nurse, Peter Magirr, Head of Medicines Management, and Ian Saxton, Acting Head of Internal Audit (now replaced by Kevin Watkins).

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

**31/13 Declarations of Interest**

There were no declarations of interest.

**32/13 Minutes of the meeting held on 31 May 2013**

The minutes of the meeting held on 31 May 2013 were agreed as a correct record.

**33/13 Matters Arising / Actions**

**a) Safeguarding: Adults Quarter 3 update (minute 19/13(f) refers)**

The Chief Nurse advised the Committee that the reviews of South Yorkshire policies and Sheffield's Safeguarding Board and structures were ongoing. His thoughts were that the changes would not be material

enough to give any additional risks.

**b) Updated Business Meeting Terms of Reference (minute 20/13(b) refers)**

The Chief Nurse advised members that the second draft Memorandum of Understanding (MoU) for Primary Care Quality had been circulated to the Commissioning Executive Team (CET) for comment. Katrina Cleary, CCG Programme Director, was now in post and working with Sue Berry, Senior Quality Manager – Primary Care, to develop the primary care strategy. He would forward a copy of the draft MoU to the Chair for information.

**KeC**

**c) Care Quality Commission (CQC) Strategy 2013-16 (minute 21/13(a) refers)**

The Chief Nurse reported that he now received weekly confidential updates from the CQC, and would also receive notice of reports in advance of their publication on the website. He advised the Committee that the CQC had advised him that they would soon be making an unannounced inspection to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT).

The Committee agreed that this engagement with the CCG was a massive move forward from that discussed at the June Committee meeting.

**d) Medicines Safety Group Update (minute 24/13(b) refers)**

The Chief Nurse reported that the Deputy Chief Nurse had raised the incident with the Area Team where a drug interaction was not picked up by the computer system (SystemOne) because the duration of an acute prescription had been entered as one day, when it was for six. He would check with the LAT if there was any further progress.

**KeC**

He also advised members that an update on the implementation at STHFT of the new syringe driver for End of Life drugs would be given under minute 37/13(b).

**34/13 Quality Assurance Committee Business Meeting**

The Chief Nurse gave an oral update and reported that it was most likely to function as a virtual forum.

Dr McMurray entered the room at this stage.

**35/13 Providers' Performance**

**i) Foundation Trusts and Private Providers**

a) Quality Dashboard Summary Quarter 1 Update

The Senior Quality Manager – Commissioning, presented this report

which provided the key highlights of Sheffield providers' performance, detailing the CQC Registration position, and Quality Standards and Targets for Quarter 1. He drew the Committee's attention to the key highlights.

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT):

Updates on the red indicators would be given under minutes 35/13(ii)(a) and 36/13(b).

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

The Senior Quality Manager – Commissioning, updated members on amber indicators. There were no red indicators.

MRSA Screening Admissions: information on screening compliance had been variable. This has been raised with the Trust and will be discussed at the Quality review on 12 September 2013.

Reporting of Serious Incidents: an update would be given under minute 36/13(a).

Experience of Staff / Training of Staff: there have been issues relating to the recording and collation of data – some via the Electronic Staff Record and some on 'off line systems'. PDR rates are lower than required. The overall compliance rate for mandatory training is below the agreed target of 85%

All of these issues will be addressed at the Quality Review

Sheffield Children's NHS Foundation Trust (SCHFT): The Senior Quality Manager – Commissioning, updated members on amber indicators. There were no red indicators

Reporting of Serious Incidents: an update would be given under minute 36/13(a).

There are two 'overdue' Central Alerting System (CAS) alerts. One relating to safer spinal injections, is delayed due to medical device manufacturer supply problems and affects many trusts nationally. A second alert relating to the replacement of particular syringe drivers was on an unrealistically short timeframe. Progress is being made on an agreed timeframe.

Safeguarding Children: The Chief Nurse hoped to be part of the interview panel for the vacant Designated Doctor post, which had now gone out to advert.

**Post meeting note: an interview date has now been set.**

He also advised members that there were no significant issues to bring to their attention relating to St Luke's Hospice, and Claremont and Thornbury Hospitals.

The Committee received and noted the report.

## ii) Sheffield Teaching Hospitals NHS Foundation Trust

### a) Never Events Update

The Chief Nurse gave an oral update and advised members that there had been further Never Events at STHFT, with two theatre-related events reported. At this stage, since 2010 there had been 11 events relating to retained objects, three relating to the prescribing of Methotrexate and two relating to nasogastric tubes (though the status of two incidents was under review).

As a result of this and concerns that in essence three types of never event had been repeated a number of times, he and Dr Richard Oliver, CCG Joint Clinical Director, were working on co-commissioning an external review. Terms of reference are being developed currently, which he would circulate the ToR to GPs and doctors on the CCG Governing Body and Quality Assurance Committee to ensure appropriate clinician input.

KeC

We remain in active discussion with the Trust on individual Never Event incidents.

The Committee noted the update.

### b) Summary Hospital Mortality Indicator (SHMI) Performance

The Senior Quality Manager – Commissioning, presented this report and reminded members that SHMI was a ratio of the observed number of deaths to the expected number of deaths for a provider. He highlighted the continuation of good performance.

The Committee noted the lower than average rate of STHFT when benchmarked with South Yorkshire and Bassetlaw, Yorkshire and the Humber, and Core Cities.

### c) Cancer Peer Review

Dr Anthony Core, CCG Cancer Lead, presented this report. He advised members that the peer reviews were an ongoing process, with annual visits looking at two to three Multi-Disciplinary Teams (MDTs), which this year had focused on Specialist Skin and the new acute Oncology service. He reported that the latter was not compliant due to staffing levels, which was being addressed through the recruitment of additional staff. There were no major issues relating to the Specialist Skin MDT, although there were some concerns about GPs excising skin lesions without them being accredited, even though they did this as part of a Local Enhanced Service.

In response to a question about patient satisfaction rates from the Chair, Dr Gore responded that the services carried out their own patient satisfaction surveys each year. These are in addition to the general national patient surveys conducted each year by the CQC.

Dr Gore advised the Committee that the CCG's relationship with Specialised Commissioning was through himself and Will Cleary-Gray, CCG Senior Commissioning Manager.

The Committee received and noted the report.

### **iii) Yorkshire Ambulance Service (YAS) Quality Assurance Report**

The Senior Quality Manager – Primary Care, presented this report which aimed to provide the Committee with information on the level of assurance the CCG was currently able to establish from YAS.

#### **a) 111**

The problems about clinical call back times related to staffing levels, and had been addressed through contract monitoring. There are still issues related to warm transfers (when a patient is transferred without the need for a second phone call), again, which were related to staffing levels at the time. The time to answer a call within 60 seconds had improved.

The Chief Nurse advised the Committee that there were also issues about the significant turnover of staff, and to the high number of dental-related calls. As a result, dental representation had been included in the South Yorkshire 111 Quality Group.

It was noted that call handlers were generally non clinical and being guided by a computer algorithm. This has been implicated in some incidents. Members asked that a message be sent back to the DoH in that the 111 system was putting people at risk.

#### **b) 999**

The Senior Quality Manager – Primary Care, advised the Committee that overall the service appeared to be hitting all its targets.

#### **c) Serious Incidents**

There had been one for the 999 service, one for the Patient Transport Service (PTS), and four for 111, one of which involved Sheffield which was due to a server failure at sited at SCHFT, which hosted a number of organisations' out of hours systems.

#### **d) Patient Transport Service (YAS)**

There were a number of issues throughout the whole system, resulting in regular monitoring meetings taking place.

The Committee received and noted the report. The Senior Quality Manager – Primary Care, advised the Committee that in future she would present exception reports on a quarterly basis as part of the dashboard summary process.

#### **iv) Independent Providers**

##### a) Quality in Care Homes Annual Report 2012/13

The Senior Quality Manager – Commissioning, presented this report which provided an overview of the activity and performance of Care Homes in relation to Quality during 2012/2013, and which had been updated following the meeting in May to include an additional appendix on the activity and performance of care homes.

The Chair asked about section 5.2 Commissioning for Quality and Innovation Scheme (CQUINS) that reported on the technical difficulties with the safety thermometer reporting system that made it impossible to determine which care homes had met this CQUIN, and therefore all 44 homes had received payment for this indicator. The Chief Nurse responded that whilst this had not created a risk, there was no way of getting any real feedback as the methodology used was based on a snapshot survey.

The Chief Nurse advised the Committee that 27 inspections had been carried out by CCG staff in 2013 as well as 57 reactive inspections where there were concerns with a home. This, along with CCG staffing issues, had meant that less than a third of the total number of homes had received a visit, though he was confident that the three year rolling visit program would be back on track.

The Committee received and noted the report.

##### b) Quality in Care Homes Quarterly Update

The Senior Quality Manager – Commissioning, presented this report. He advised members that the position with two of the care homes (that had the same owner) had improved from Red to Amber but this position had deteriorated since the report was produced. The Chief Nurse reported that one of the homes in particular was a cause for concern, with separate individual visits to each resident now taking place to assess if it was the safest place for them to be. He also reported that Sheffield City Council was providing managerial support to the home's owner.

The Committee received and noted the report and the progress made during Quarter 1.

#### **36/13 Patient Safety**

##### a) Serious Incident Report Quarterly Update

The Senior Quality Manager – Commissioning presented this report which the Chief Nurse reminded members had been presented to the Governing Body in public for the first time the previous day. The report concerns Serious Incidents (SIs) for which it has either a direct or a performance management responsibility, and which included issues the Committee had had highlighted to it previously.

In particular, he drew the Committee's attention to the number of ongoing incidents at SHSCT, for which a significant proportion are awaiting assurance information from SHSCFT and to the number of overdue investigation reports. The underlying causes of both these issues are understood and we are working with the Trust to address both issues. For STHFT we are in discussion about improving the timeliness of initial reporting, as is the case for SCHFT.

The Committee received and noted the report.

b) Infection Control Annual Report 2012/13

Nikki Littlewood, Infection Prevention and Control Nurse, presented this report which detailed the reductions in Healthcare Acquired Infections (HCAIs) that had been made and the performance in Sheffield against standards, targets and national initiatives from April 2012 to March 2013. She drew the Committee's attention to the key highlights which included Clostridium Difficile (C.Diff) targets. Sheffield as a whole was over target at 231 (against a target of 191), though this is a lower number of cases by 68 than for the previous year.

Dr McMurray left the room at this stage.

MRSA: The CCG had had five cases, three of which were community attributable ones, and two attributable to STHFT.

The Committee noted that the targets set by the DoH targets are different to those set by Monitor.

The Committee received and noted the report.

c) Infection Prevention and Control Quarterly Update

Nikki Littlewood, Infection Prevention and Control Nurse, presented this report and drew the Committee's attention to the key highlights. As reported earlier, SHSCFT were non-compliant with MRSA screening and were being monitored on a monthly basis. STHFT had had one MRSA Bacteraemia case for which the post infection review had taken place. The trust had also had three cases of C.Diff of the same ribotype on one ward at the Royal Hallamshire Hospital, which had been reported as a serious incident. She also advised members that there had been zero cases of either C.Diff or MRSA Bacteraemia at SCHFT in Quarter 1.

The Committee received and noted the report.

d) Clostridium Difficile Action Plan Quarterly Update

Nikki Littlewood, Infection Prevention and Control Nurse, presented this report. A small number of the planned actions are being inhibited due to capacity problems, but this should improve markedly when the Infection and Control Band 6 nurse post had been filled. This action

plan is also being monitored by CET

The Committee received and noted the report.

e) Safeguarding Children's Strategy 2013/15

Sue Mace, Designated Nurse Safeguarding Children, presented this strategy, which had been updated to include the requirements of the new NHS structure, and outlined the five key strategic objectives. There are a number of work plan objectives, which are currently rated amber. With regard to the three yearly audits of Section 11 requirements of the Children Act 2004, this was Red rated in two areas due to the HR policies that needed to be updated. The Chief Nurse reported that he had indicated to NHS England that it was difficult to do separate Section 11 audits for all our 88 practices and had done a single one in the past for them all.

The Committee received and noted the report.

### **37/13 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 19 June 2013. She advised members of the key issue that was a national problem that applied to every CCG in that although NHS England could access the prescriptions and the Patient Identifiable Data (PID), they could not pass them on to the CCGs to do the monitoring. It was hoped that the restrictions on CCG access to PID would be lifted as it works against the interests of patient safety.

She also advised members that there had been a fall off in the number of incidents reported but it was thought this was due to the change in organisations.

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 May and July 2013. She drew the Committee's attention to section 2.3 Interface issues and the concern about the delay of transfer and changeover to the new system for the new syringe driver at STHFT for End of Life drugs.

With regard to section 2.6, Incidents: Amiodarone and Pulmonary Fibrosis, there were concerns about lack of awareness at practice level of the Shared Care Protocol. Further audit work is planned.

The Committee received and noted the report.

### **38/13 Effectiveness and Audit**

Bev Ryton, Clinical Audit and Effectiveness Manager, presented this report, which was shorter than usual and detailed achievements as a team and further developments they hoped to achieve in 2013/14.

The Committee received and noted the report.

### **39/13 Patient and Staff Experience**

#### a) Compliments, Complaints and MP Enquires Quarterly Update

Sarah Neil, Complaints Manager and Patient Experience Lead, presented this report. She advised members that the report was different to previous ones in that independent contractors were now dealt with by NHS England.

She reported that this quarter there had been 16 formal complaints, five informal complaints and 11 MP enquiries, none of which were complaints about commissioning.

The Committee received and noted the report.

#### b) Feedback from Patient Opinion Quarter 1 update

Sarah Neil, Complaints Manager and Patient Experience Lead, presented this report which provided a summary of the report provided by Patient Opinion. She advised members that during Quarter 1, 55 stories had been posted, primarily about STHFT and mainly of a positive nature. The system does not provide detailed analysis of stories below this level and each would have to be read to identify specifics

The Committee received and noted the report.

#### c) Friends and Family Test Quarterly Update

The Chief Nurse presented this report. He advised members that although STHFT had scored well (overall score for STHFT (A&E and Inpatients) for Q1 - 74.86 vs England - 64.31), the A&E component score was lower than for other South Yorkshire Trusts. There is thus further room for improvement.

The Committee received and noted the report.

### **40/13 Internal Assurance / Business**

#### Internal Audit Report: Safeguarding Adults

The Chief Nurse presented this report, drawing attention to the audit opinion that this gives significant assurance

He highlighted to members the two recommendations relating to the need for agreed Provider Key Performance Indicators (KPIs) and around staff awareness.

The Committee received and noted the report.

#### **41/13 Papers for Information**

a) South Yorkshire and Bassetlaw Quality Surveillance Group (QSG) briefing

The Chief Nurse presented this report. He confirmed that Sheffield City Council had membership on the group but had not attended that meeting. With regard to the South Yorkshire and Bassetlaw patient experience and engagement network, he reported that he would link between this group and the QSG.

**KeC**

b) CQC Consultation – A New Start

The Senior Quality Manager – Commissioning, presented this report, which gives the direction of travel for the CQC strategy implementation.

The Committee received and noted the report.

c) Keogh Report Summary (July 2013)

The Senior Quality Manager – Commissioning presented this report. The Keogh review process is being recommended to the CQC as the way forward in conducting reviews in the future. The CCG should take note of and understand the implications of how providers are likely to be inspected and assessed.

The Committee received and noted the report.

#### **42/13 Any Other Business**

There was no further business to discuss this month.

#### **43/13 Date and Time of Next Meeting**

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