

**Minutes of the Quality Assurance Committee meeting
held on Friday 7 March 2014, 1.30 pm – 3.30 pm
in the Bean Room at 722 Prince of Wales Road, Darnall**

Item 13d

Present:

Amanda Forrest, Lay Member (Chair)
Dr Amir Afzal, GP Locality Representative, Central
Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Joint Clinical Director,

In Attendance:

Sue Berry, Senior Quality Manager – Primary Care (up to item 06/14(b))
Idris Griffiths, Chief Operating Officer
Carol Henderson, Committee Administrator
Tony Moore, Senior Quality Manager – Commissioning

ACTION

01/14 Apologies

Apologies had been received from Kevin Clifford, Chief Nurse, Dr Richard Davidson, CCG Governing Body Secondary Care Doctor, Professor Pam Enderby, Chair of Sheffield Healthwatch, Peter Magirr, Head of Medicines Management, and Kevin Watkins, Deputy Head of Internal Audit

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

02/14 Declarations of Interest

There were no declarations of interest.

03/14 Minutes of the meeting held on 12 December 2013

The minutes of the meeting held on 12 December 2013 were agreed as a correct record.

The Chair advised that she had decided not to write individually to all core members of the Committee reminding them of their duties, as several communications in this respect had already been sent out by the CCG's Accountable Officer and Company Secretary.

04/14 Matters Arising / Actions

a) Annual Reports to the Committee (minute 47/13 refers)

The Chair reminded members that as we come up to the next round of

annual reports she 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

b) South Yorkshire and Bassetlaw Quality Surveillance Group (QSG) briefing (minute 48/13(a) refers)

The Deputy Chief Nurse advised that the Chief Nurse had asked Professor Enderby to raise her concerns about the group direct with the group's chair. PE

c) Foundation Trusts and Private Providers' Quality Dashboard Summary Reports (minutes 51/13(ii)(a) and (b) refer)

The Deputy Chief Nurse advised members that she had discussed with Professor Enderby about setting up a system with Healthwatch that linked their 'enter and view' visits into the Care Quality Commission (CQC) care home inspections and about how they could support our teams in this respect.

With regard to Professor Enderby's concerns about Sheffield Health and Social Care NHS Foundation Trust's (SHSCFT) commissioned Crisis House (run by Rethink), she advised members that following the CQC visit there was now an action plan in place to address the issues, with regular progress reports to the CCG. She also advised that Professor Enderby's team have also met with the trust and are assured about the process.

05/14 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 12 December but was functioning as an electronic virtual forum.

06/14 Providers' Performance

a) Yorkshire Ambulance Service NHS Trust (YAS)/111/999

The Senior Quality Manager – Primary Care, presented this report. She advised members that although the dashboard was designed for Sheffield, it had also been adopted by the region, with the contracts and quality elements done on a regional basis. She drew members' attention to the key performance issues.

Although Sheffield had hit the 999 Red 1 and 2 target, there had been issues with compliance with South Yorkshire as a whole which the contracting team were taking forward. For YAS Patient Transport Service (PTS), they had built in the Red Amber Green (RAG) indicators as the service was performing below expected requirements. This process was also being undertaken for 999 Red 1 and 2, so the CCG could measure performance.

She also advised members that a CQUIN has now been agreed with 999 Green 1, 2 and 3 performance targets for South Yorkshire as they were performing below target.

There was a general concern with YAS, regarding both vehicles and equipment not being serviced. More detailed information had been requested from the trust regarding

PTS performance of the Friends and Family Test had dropped significantly in September 2013. Comments made regarding patients having little or no confidence in getting to their appointments on time. There had been 143 complaints overall in Quarter 3 in Yorkshire and the Humber, 20 of which were for South Yorkshire, and the majority of these related to getting patients to appointments on time.

Year to date there had been three Serious Incidents (SIs) reported for South Yorkshire, predominantly relating to falls. These incidents were being reviewed to ascertain common themes from each incident.

The Senior Quality Manager drew members' attention to the Key Performance Indicator (KPI) exceptions at page 11 and advised that YAS's PTS service was below expected target and Sheffield remained the worst performing area – specifically the Northern General Hospital (NGH) site. Outpatient turnaround times were a major concern. This has been raised with the Trust and is now included as a CQUIN for YAS. The Chief Operating Officer commented that both organisations should meet to recognise and resolve these issues.

The Senior Quality Manager advised members that a Yorkshire and Humber PTS commissioners' meeting will take place to set the KPIs and RAG rate targets based on current performance.

The Quality Assurance Committee received and noted the report, but concerns remained about performance and delivery of targets.

b) General Practice

The Senior Quality Manager advised members in Sheffield, 16 practices been visited to date. Four had not met the standards in more than one area, three of which were single handed practices. She reported that several commonalities had been found at all four practices. At one practice 47 items of sterile instruments had been found to be out of date, and at another practice, a nurse had not received any safeguarding training for four years.

In relation to the role of the CCG in quality improvement the Deputy Chief Nurse advised that monthly meetings had been set up with the Area Team to target practices that require support and advice.

The Chief Operating Officer commented that with regard to the sharing of information to and from the area team.

The Committee agreed that this should be raised as an issue with Governing Body and the Deputy Chief Nurse agreed to clarify relationships and action within the CCG quality strategy which will begin to be developed starting in April 2014.

JH/SB

Dr Afzal asked members to note that single handed practices do not always have the administrative and managerial structures to support them to support development – for example ensuring the delivery of staff training.

The Chair commented that although we have a Memorandum of Understanding (MoU) with NHS England, she had concerns that there was still work to be done to streamline working together.

The Quality Assurance Committee received and noted the report. The Senior Quality Manager – Primary Care left the meeting at this point.

c) Foundation Trusts and Private Providers Quality Dashboard 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) were included on the summary.

i) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

Intelligent Monitoring Reports

She advised members that the CQC had introduced monthly intelligent monitoring profiles for FTs. STHFT remained a high performing trust scoring the highest band 6. however there were three risks identified in the February report:

- a. Emergency readmissions following elective admissions – a CQUIN has been agreed to pilot urology follow up of patients.
- b. Under reporting of patient safety incidents via NRLS – this has been mitigated by the introduction of datix web incident reporting at STH. The next NRLS report will be at the end of March 2014.
- c. Patient Reported Outcomes Measures (PROMS) below average score for hip replacements using the EQ5D tool. Following detailed analysis STH are now targeting wards where scores are below average.

She drew members' attention to the key performance issues.

Red Indicators

Methicillin-resistant Staphylococcus Aureus (MRSA): To date there have been four cases reported, three of which related to specialised

commissioning. Cases and penalties are being managed via the contracting process and each case has a detailed investigation undertaken by the trust.

Never Events: She advised the Committee that a further never event had been logged in December 2013, following the Coroner's post mortem of a patient death following a nasogastric tube insertion. This had previously been reported as an SI.

Amber Indicators

Cancer Peer Review: We were awaiting detailed clarification from STHFT relating to discrepancies between the internal and external validation process. The deadline for a response is the end of May 2014.

Clostridium Difficile Infections: The trust was still under its year end target, running at 74 against a target of 77. There is a less challenging target of 94 cases for 2014/15 however a local contract target will be set based on outturn at the end of March 2014. The trust will be setting an internal reduction target.

Patient Safety Incidents: see intelligent monitoring above.

Safeguarding Vulnerable Adults, Mental Capacity Act and Deprivation of Liberty: Training figures for all three needed to be improved. Action plans were in place to address this.

PROMS: See intelligent monitoring above.

CQUINS: The trust has met all its targets. Discussions are taking place regarding agreeing performance relating to care planning.

Patient Experience Service User Feedback (includes surveys, complaints): The overall year to date response rate to complaints had fallen to 71%, below the trust's target of 85%. The trust is targeting those areas that need to improve - critical care, anaesthesia, head and neck, surgical services, and emergency care, and reviewing working practices of the patient services team.

Friends and Family Test: The trust was meeting the CQUIN targets in terms of response rates however the net promoter scores have fallen slightly in A & E and inpatients. Maternity data had been published since October but the trust had poor response rates when benchmarked with other trusts in South Yorkshire. Work is ongoing to improve via a variety of data collection methods.

Dr McMurray also advised the Committee that he would be discussing issues relating to quality and discharge summaries with the trust's medical director the following week and would feedback to members at the next meeting.

ZM

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

The Senior Quality Manager advised members that there had been a number of CQC inspections in Q3, which had identified a number of non-compliance areas. Action plans were being formulated. With regard to CQC Intelligent Monitoring Profiles, Mental Health Trusts are not included in the reports and national work was underway to identify a good profile for mental health trusts.

He drew members' attention to the key performance issues.

Red Indicators

Training: Training figures for Safeguarding_Vulnerable Adults, Safeguarding Children, Domestic Abuse, and Mental Capacity Act and Deprivation of Liberty were either below acceptable rates or not available. Especially of concern were the low levels of safeguarding training, which we had raised contractually. The low levels of training have now been raised formally with the trust.

Amber Indicators

MRSA Screening for Admissions: Figures had improved for Quarter 3, however, the figures for physical health assessments that are carried out on admission were exceptionally low and there is a lack of assurance that health checks are being undertaken. There is a CQUIN in 14/15 relating to aspects of physical health assessment.

Reporting of Serious Incidents and Never Events: The trust is making progress in terms of investigatory reports that should have been submitted on time.

Implementation of NPSA Recommendations (eg safer practice notices, safety alerts): There were only a few that had not been completed on time, so this was not a major concern.

Experience of Staff: The trust is aware that its performance review rate is below the national average based 13/14 data. This was raised with them at the February quality review meeting.

The Deputy Chief Nurse advised members that she attends the trust's Quality Assurance Committee meeting and raises all these issues there and / or through the contract route if necessary.

The Committee expressed their concerns about the level of physical checks and basic training, which were re-occurring themes. The Deputy Chief Nurse commented that this was something that could be raised in Board to Board meetings.

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

The Deputy Chief Nurse drew members' attention to the key performance issues. She advised members that Internal Audit had reviewed the trust's complaints system and their report included 19 recommendations of how to improve the process. There were concerns that they have taken depth of analysis out of the recent reporting to us, although it is included in their annual quality reports, and so our concerns were not alleviated at this time.

iv) Independent Providers

The Deputy Chief Nurse advised members that there were no concerns relating to St Luke's and Claremont, however, we were awaiting a report from Thornbury with data on the infection control annual programme.

The Quality Assurance Committee received and noted the providers' quality dashboard position.

d) Quality in Care Homes Quarter 3 Update

The Deputy Chief Nurse presented this report. There were no major exceptions to raise. Littledale care home had now been closed.

The Chair commented that the systems that were in place for assurance appeared to be working.

The Quality Assurance Committee received and noted the report.

07/14 Patient Safety: Independent Investigations Action Plans

a) BC Plan

The Senior Quality Manager – Commissioning presented this report, which was the final version of the completed action plan for approval by the committee. The next step would be to present this to NHS England's Local Area Team Board for final approval.

The Committee approved the action plan as they were assured that all actions had been taken.

b) EF Plan

The Senior Quality Manager – Commissioning presented this report and advised members that the plan was near to completion and due to be completed this month. He advised members that the final plan would be presented to the Quality Assurance Committee in May for final approval.

The Committee received and noted the report.

08/14 Clinical Audit Priority Programme for 2014/15

The Deputy Chief Nurse presented this report. She advised members that it is a process we undertake every year, and the programme is based on national guidance. There has been significant consultation with clinicians at the Commissioning Executive Team (CET) and Clinical Reference Group (CRG). She reported that four NICE quality standards to review next year had been agreed based on our priorities.

The Committee approved the Clinical Audit Priority Programme for 2014/15.

09/14 Patient Opinion Quarter 3 Update

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 3. She advised members that 78 'stories' had been posted from the Sheffield community, mostly related to STHFT. STH rely on respondents contacting them direct to enable any further action to be taken.

The Committee received and noted the report.

10/14 Policies for Approval

a) Continuing Health Care (CHC) and Funded Nursing Care Appeal Procedure

The Deputy Chief Nurse presented this procedure for approval. She drew members' attention to section 1.2 in that the procedure applies exclusively to patients registered with a Sheffield GP or any other patient for whom Sheffield CCG is the Responsible Commissioner, as defined by the Department of Health.

The Committee approved the procedure.

b) Clostridium Difficile (C.Diff) Guidance

The Deputy Chief Nurse presented this updated guidance. She advised members that it contained all the required actions based on national guidance.

The Committee approved the Clostridium Difficile Guidance.

c) Policy for the Management of Serious Incidents

The Deputy Chief Nurse presented this policy.

The Committee approved the Policy for the Management of Serious

Incidents.

d) Appreciative Enquiry Procedure

The Deputy Chief Nurse presented this procedure. She advised members that it had previously been approved in 2012 by this committee, during the structure of PCT's and Cluster arrangements. It has now been updated and essentially describes an escalation procedure for those providers where there are serious concerns. She also advised members that she would be producing a shorter version for inclusion in the CCG's Commissioning for Quality Strategy.

JH

The Committee approved the adoption of the Appreciative Enquiry Procedure.

11/14 Papers for Information

(i) Clostridium Difficile CCG Action Plan update

The Deputy Chief Nurse presented the CCG's action plan.

The Quality Assurance Committee received and noted the action plan.

(ii) Controlled Drugs Accountable Officer Quarter 3 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 18 December 2013. She advised members that the Emergency Care Practitioner Service had reported a serious incident the previous day relating to discrepancies in controlled drug prescribing by an individual member of the team. This was being investigated by the Medicines Management Team, Responsible Officer for Controlled Drugs and the Area Team.

The Quality Assurance Committee received and noted the report.

(iii) Medicines Safety Group Quarter 3 Update

The Deputy Chief Nurse presented the presented this report which detailed the matters considered at the Medicines Safety Group (MSG) meeting held on 23 January 2014.

The Quality Assurance Committee received and noted the report.

12/14 Future Meetings

Members agreed that, as clinical members of the committee sometimes had difficulty getting to 722 for 1.00 pm, that future meetings would start at 1.30 pm.

There was no further business to discuss this month.

13/14 Date and Time of Next Meeting

Friday 16 May 2014, 1.30 pm – 3.30 pm, Boardroom, 722 Prince of Wales Road