

Quality Assurance Committee 6 December 2013

Governing Body meeting

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9 January 2014

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| Author(s)/Presenter and title | Jane Harriman, Deputy Chief Nurse |
| Sponsor | Kevin Clifford, Chief Nurse |
| Key messages | |
| <p>Key points raised at the Quality Assurance Committee (QAC) were:</p> <ul style="list-style-type: none"> • QAC's terms of Reference were reviewed but no changes were identified beyond minor corrections such as job titles of core members • Hard Truths – Government response to Francis. Report discussed and paper going to January Governing Body. • Memorandum of Understanding (MoU) on the Safe Management and Use of Controlled Drugs – outline of implementation arrangements presented by Head of Medicines Management • Routine reports on providers' performance were received and discussed. | |
| Assurance Framework (AF) | |
| <p>Assurance Framework Number: 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? Quality Assurance Committee minutes, Serious Incident reports, Safeguarding reports, Patient Experience /Complaints reports, data on quality targets, exception reports to Governing Body quarterly</p> <p>Is this an existing or additional control: Existing Control</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? All</p> | |
| Public and Patient Engagement | |
| N/A | |
| Recommendations | |
| The Governing Body is asked to note the minutes of the meeting | |

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

Present:

Amanda Forrest, Lay Member (Chair)
Dr Amir Afzal, GP Locality Representative, Central (from item 51/13(ii)(a))
Jane Harriman, Deputy Chief Nurse
Peter Magirr, Head of Medicines Management

In Attendance:

Professor Pam Enderby, Chair of Sheffield Healthwatch
Carol Henderson, Committee Administrator

ACTION

44/13 It was noted that the meeting was not quorate at this stage.

The Chair advised members that she had been at the point of cancelling the meeting due to the number of late apologies from core members. She reported that the CCG's Accountable Officer had advised that core members of the CCG's Committees would be reminded of their responsibility in ensuring the Committees operate effectively and without interruption. In addition that the core members have a specific responsibility to ensure that the Committees are quorate, and therefore apologies for non-attendance should only be offered in exceptional circumstances (eg sickness absence, annual leave), and should be sent to the Company Secretary in the first instance so she could advise the Committee Chair on quoracy.

The Chair would also write individually to all core members of this Committee reminding them of their duties.

AF

The Chair reminded members that she had sent them a short questionnaire in early November as part of her review of the effectiveness of the Committee, but was disappointed to have received only two responses.

45/13 Apologies

Apologies had been received from Sue Berry, Senior Quality Manager – Primary Care, Kevin Clifford, Chief Nurse, Idris Griffiths, Chief Operating Officer, Dr Zak McMurray, Joint Clinical Director, Tony Moore, Senior Quality Manager – Commissioning, and Kevin Watkins, Deputy Head of Internal Audit

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

46/13 Declarations of Interest

There were no declarations of interest.

47/13 Minutes of the meeting held on 6 September 2013

The minutes of the meeting held on 6 September 2013 were agreed as a correct record.

The Chair suggested that next year she consider how authors of annual reports could feel more valued at meetings and be given more time on the agenda.

AF

48/13 Matters Arising / Actions

a) South Yorkshire and Bassetlaw Quality Surveillance Group (QSG) briefing (minute 41/13(a) refers

Professor Enderby advised the Committee that she had attended one of the meetings and would be attending the forthcoming one on 9 December but felt the issues discussed were only of interest to one or two people at the meeting. She reported that everyone was using slightly different metrics for benchmarking and she was not entirely sure what Healthwatch's value at the meeting was.

The Deputy Chief Nurse would speak to the Chief Nurse about Professor Enderby's concerns.

JH

49/13 Review of Quality Assurance Committee Terms of Reference

The Deputy Chief Nurse presented this report and advised members that there were no changes to the Terms of Reference, with the exception of updating job titles.

As reported above, the Chair advised members that as part of the CCG's 12 month review, the Committee Chairs had been asked to undertake a review of their Committees. She had written out to members asking for comments and offering individual meetings but had been disappointed to receive comments from only two members. She and the Deputy Chief Nurse would meet jointly with people if needed.

She reported that the Committee agenda had been changed as a result of the review, which meant fewer papers for discussion and more for information.

The Quality Assurance Committee approved the revised Terms of Reference.

50/13 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 6 September but was functioning as an electronic virtual forum. She reported that there was a meeting scheduled every month except for Committee meeting months, but would only use those meetings if a corporate decision was required.

The Quality Assurance Committee noted the update.

51/13 Providers' Performance

i) Foundation Trusts and Private Providers

a) Government Response to Francis 2 – Hard Truths

The Deputy Chief Nurse gave an oral update and advised members that there were a huge number of recommendations. A summary had just been completed, and would be presented to Governing Body in January and shared with Committee members the following week. She advised members that there will be a new Commissioning for Quality Strategy for the CCG that will incorporate these actions. She commented that it would also be helpful to discuss at a CCG Governing Body OD session.

JH

Professor Enderby commented that one of the main recommendations was in relation to care staff, and raised concerns that a number of the health and wellbeing priorities were not being embedded into staff training. The Deputy Chief Nurse responded that these issues will be included in the strategy.

The Quality Assurance Committee noted the update.

ii) 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 all our main providers. She advised members that only exceptions (Red / Amber) were included on the summary and those areas we feel we do not have enough assurance.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

She reported that there were no compliance concerns following the Care Quality Commission (CQC) inspection of the trust's four hospitals in October and the reports of which were now published on the CQC's website. A new monitoring system of acute trusts had been reported in November, which advised that the trust had been rated as Band 6, the highest band – with no concerns.

Professor Enderby asked if she could discuss how the Healthwatch 'enter and view' visits related to the CQC inspections with the Deputy

JH/PE

Chief Nurse. The Deputy Chief Nurse advised that the Chief Nurse at the Area Team was working with the CQC to develop joint inspection methodology.

She drew members' attention to the key performance issues.

MRSA: There had been one case in Quarter 1, no cases in Quarter 2, and two cases in November. One of these was a contaminant and not a true case, The trust was a good performer nationally compared to similar trusts. The Chair advised members that Governing Body had discussed the performance target and had asked if NHS England could reconsider the target as it felt like we were being penalised for past good performance, and not achieving the target could also affect our financial allocations next year.

Post meeting note: A response had been received saying that our representations were well received but reminding us that this was a nationally set target.

Serious Incidents (SIs): This was rated as Red as a result of Never Events and there had been three in Quarter 2. An external review relating to the number of retained swabs in theatre was currently taking place. The Chair advised members that Dr Richard Davidson, Secondary Care Doctor on the CCG's Governing Body, who was a trained CQC assessor, had offered to be a source of support to the CCG.

Clostridium Difficile (C.Diff): this was rated as Amber. She reported that in October there had been 12 cases over target and the trust had reviewed its action plan, including audits of antibiotic prescribing and more deep cleaning of wards at the Northern General Hospital site. In November there had only been three cases.

Patient Safety Incidents: this was rated as Amber as the national system (NRLS) has identified the trust as a low reported compared to similar trusts. However, this can be accounted for and was due to one month's data not being uploaded to the national system. The trust has now introduced an electronic system at ward level which should provide more efficient central reporting.

Dr Afzal joined the committee at this stage. The meeting was now quorate.

Safeguarding Vulnerable Adults: this was rated as Amber due to unavailability of staff training data.

Patient Reported Outcome Measures (PROMS): Feedback from patients on the outcome of their operations showed that hip replacements outcomes were lower than expected but were improving. STHFT had asked the Public Health Observatory (PHO) to investigate the data in detail, to enable the trust to take action.

Patient Experience Service User Feedback (includes Surveys, Complaints): patient feedback related to responses to complaints and the year to date average was 74% against their target of 85%, which they have action plans in place to address.

Three complaints had been referred to the Ombudsman, which were being monitored by the CCG's Complaints Manager.

The Family and Friends Test response rate data target is 20% by the end of March 2014 and the trust is currently on track.

All CQUIN targets had been met in Q2.

b) Sheffield Health and Social Care NHS Foundation Trust

There was one Red indicator relating to Safeguarding Children. The trust was not performing well with staff training and engaging with LA and CCG groups.

The CQC inspection at the trust's commissioned Crisis House (run by Rethink) had two compliance actions. Professor Enderby commented that this has been raised with Health watch and at the trust's Partnership Board and would have a discussion with the Deputy Chief Nurse outside of the meeting. Dr Afzal advised members that he was one of the trust's Appointed Governors and was aware of the issues with the Crisis House.

PE/JH

Methicillin-resistant Staphylococcus Aureus (MRSA): Concerns have been raised in the past regarding Screening appropriate patients and the trust needs to develop more robust assurance with regard to auditing more patients in the next quarter. This is currently been undertaken as part of the initial physical health assessment.

Reporting of Serious Incidents: the trust has now resolved the delays in reporting which were due to staffing capacity.

Experience of staff: the trust's annual staff survey showed they were below average on Performance Development Review (PDR) appraisals, but an improvement plan was in place to address this.

Training of Staff: The trust is low on training on hand hygiene but high in other areas.

Compassionate Care - Dignity and Eliminating Mixed Sex

Accommodation: the trust has not been reaching the target of gaining 85% of service views received within four days of admission. More work is required by the trust to ascertain patient's views on safety and dignity.

c) Sheffield Children's NHS Foundation Trust

The trust has been rated at Band 6 by the CQC as a good performing trust with no concerns. All concerns regarding the trust were rated amber as follows:

Training of Staff: the Quarter 1 report showed that the trust only achieved 64% of staff receiving mandatory training, against a target of 80%.

Reporting of Serious Incidents and Never Events: Concerns have been raised relating to the quality of SI reports and this is being addressed.

Safeguarding Children: the newly appointed Designated Doctor would be starting in post in February 2014.

Mental Capacity Act and Deprivation of Liberty, Equality Act 2010 and Human Rights: policies are being updated and gaps in the public sector duties are being addressed through an action plan.

Patient Experience Service User Feedback (includes Surveys PALS and Complaints): there appeared to be an increasing number of formal complaints and the trust is reviewing its complaints system. The outcome will be provided at the next Assurance Committee Meeting.

JH

d) Claremont, Thornbury and St Luke's

There were no concerns about St Luke's Hospice, and know they were inspected by the CQC in July and were fully compliant.

There were no concerns about Claremont, although the response rate to the Family and Friends test was below target.

We were seeking further assurance from Thornbury that plans were in place to improve their performance on the Venous Thromboembolism (VTE) Risk Assessment.

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

(iii) Yorkshire Ambulance Service (YAS) / 111 / 999

a) South Yorkshire and Bassetlaw NHS 999/111/Patient Transport Services (PTS) Quality Assurance and Performance

The Deputy Chief Nurse presented this report. She drew the Committee's attention to the key highlights which included

underperformance on Red 2 (ambulance response times – category A calls meeting 8 minutes) performance.

She advised the Committee that Patient Transport Services were not meeting a number of quality targets and although a plan had been put in place, there were a high number of targets not being met. An update will be provided at the next Committee Meeting.

JH

The Chair commented that we are not assured as a CCG that our patients are getting a good service, especially in PTS.

Professor Enderby advised members that Healthwatch received a number of complaints about PTS, especially relating to waiting times for transport following discharge. She would discuss at her meeting with the Deputy Chief Nurse.

PE

The CQC had made an unannounced inspection of YAS services in July 2013. Two essential standards had not been met - management of medicines and supporting workers. They had submitted an action plan to the CQC and were confident that YAS would deliver the action plan.

The Quality Assurance Committee received and noted the report.

(iv) General Practice

a) Update on CQC Inspections

The Deputy Chief Nurse gave an oral update and advised the Committee that we were setting up a system with the Area Team for managing underperformance following CQC inspections. The CCG's responsibility would be to provide advice and support.

Professor Enderby advised members that the main complaints to Healthwatch related to access to services and the use of expensive GP practice 0845 numbers. The Deputy Chief Nurse responded that the Area Team were addressing these issues as the contractor.

(v) Care Homes

a) Quality in Care Homes Quarter 2 Update

The Deputy Chief Nurse presented this report. She advised members that the CCG carried out joint inspections with the Local Authority.

The Chair asked about Croft Acres and Hallamshire homes that had been charging illegal top up fees. The Deputy Chief Nurse responded that if this was a financial issue it would be managed via another route – via counter fraud.

The Chair asked, in terms of the Red and Amber ratings, if there was anything this committee should be doing. The Deputy Chief Nurse responded that the Committee should note the homes of concern and be assured that a visiting and support process was in place with the Local Authority.

The Quality Assurance Committee received and noted the report.

(vi) Commissioning Support Unit

a) Performance Quarter 2 Update

The Deputy Chief Nurse presented this report which updated the Committee on the performance of West and South Yorkshire and Bassetlaw Commissioning Support Unit and which was presented to them at the request of the Chief Nurse as we were regarding the CSU as providers. She advised members that Governing Body had discussed and agreed proposals relating to some of the services, in private at their meeting the previous day.

The Quality Assurance Committee received and noted the report, noted the concerns and agreed to seeking assurance mechanisms for Quality and Safety.

(vii) Memorandum of Understanding (MoU) for the Safe Management and Use of Controlled Drugs (CDs)

The Head of Medicines Management presented this report which outlined the implementation arrangements in respect of the Controlled Drugs (Supervision of Management and Use) Regulations 2013. He stated that the CCG was unable to undertake investigations into unusual or excessive prescribing of CDs as CCGs were not allowed to be given patient identifiable information, which meant we could not meet the requirements of Regulation 12 of the Controlled Drugs (Supervision of Management and Use) Regulations 2013). As a result, a form of wording had been agreed with NHS England that would allow this information to be provided to the CCG's Designated Controlled Drugs Lead (DCDL) on behalf of NHS England's Controlled Drugs Accountable Officer (CDAO).

The Quality Assurance Committee:

- Was assured that this would enable the organisation to run smoothly.
- Approved the amendment to the MoU as outlined above.

(viii) Patient Group Directions Oversight Group– Terms of Reference

The Deputy Chief Nurse presented this report which explained that the existing terms of reference for PGDs for the CCG had been updated and revised in line with national good practice guidance,

and would allow nurses, pharmacists, and other healthcare professionals to prescribe, and would be constantly reviewed and extended. Each PGD would set out the eligibility of the people allowed to prescribe.

She advised members that group would report to the Quality Assurance Committee, would make sure that practices have PGDs to allow them to prescribe, and would update PGDs that had either reached their expiry date or when a new product had come onto the market.

The Quality Assurance Committee approved the Terms of Reference.

52/13 Patient Experience

a) Patient Opinion Quarterly Update

The Deputy Chief presented this report which provided a summary of patient experience data gathered from stories posted on the Patient Opinion website during Quarter 2. She advised members that 49 'stories' had been posted on the Patient Opinion website about services commissioned by the CCG.

The Chair commented that it slightly devalued the information when the authors of the comments were unknown.

The Quality Assurance Committee received and noted the report.

53/13 Papers for Information

a) Regulation

(i) CQC Intelligent Monitoring Update

The Deputy Chief Nurse presented this report which set out the CQC's new framework for working

The Quality Assurance Committee noted the new CQC process and the good performance of Sheffield providers.

(ii) New CQC Safeguarding Children's Inspections

The Deputy Chief Nurse presented this report which set out the new process for undertaking Safeguarding and Looked After Children inspections that will run from September 2013 to April 2015, and the specific new responsibilities that would be required from the CCG.

The Quality Assurance Committee received and noted the report.

(iii) New Mental Health Homicide Procedures

The Deputy Chief Nurse presented this report.

The Quality Assurance Committee received and noted the report and was assured that the CCG could operate within that framework.

b) Patient Safety

(i) Clostridium Difficile CCG Action Plan 2013/14 (updated end of October 2013)

The Deputy Chief Nurse presented the CCG's action plan and it had also been presented to the Commissioning Executive Team (CET) for approval. It was being reviewed externally by a nationally recognised Microbiologist, based in Leeds.

The Quality Assurance Committee received and noted the action plan.

(ii) Controlled Drugs Accountable Officer Quarter 2 Update

The Head of Medicines Management presented the monitoring and incident reports relating to the CCG, received and considered at the Controlled Drugs Local Intelligence Network (CDLIN) held on 18 September 2013. He advised members that the main issue discussed had been the continued prohibition of CCGs requesting copies of prescriptions, which had now been addressed.

The Quality Assurance Committee received and noted the report.

(iii) Medicines Safety Group Quarter 2 Update

The Head of Medicines Management presented this report which detailed the matters considered at the Medicines Safety Group (MSG) meetings held in October and November 2013.

The Quality Assurance Committee received and noted the report.

54/13 Any Other Business

There was no further business to discuss this month.

55/13 Date and Time of Next Meeting

Friday 7 March 2014, 1.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road