

**Minutes of the Quality Assurance Committee meeting
held on Friday 12 September 2014, 1.30 pm – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Present:

Amanda Forrest, Lay Member (Chair)
Kevin Clifford, Chief Nurse
Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Clinical Director

In Attendance:

Idris Griffiths, Chief Operating Officer (from item 32/14 onwards)
Carol Henderson, Committee Administrator
Tony Moore, Senior Quality Manager – Commissioning
Elaine Dower, Assistant Director, Clinical Quality, 360 Assurance (on behalf of the Associate Director, 360 Assurance)

ACTION**28/14 Apologies**

Apologies had been received from Dr Amir Afzal, GP Locality Representative, Central, Sue Berry, Senior Quality Manager – Urgent and Primary Care, Dr Richard Davidson, CCG Governing Body Secondary Care Doctor, Professor Pam Enderby, Chair of Healthwatch Sheffield, 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.

29/14 Declarations of Interest

There were no declarations of interest.

30/14 Minutes of the meeting held on 16 May 2014

The minutes of the meeting held on 16 May 2014 were agreed as a correct record, subject to the following amendment:

Arriva Transport Services Ltd (minute 19/14(a)(ii) refers)

The initials in the action column to be changed to SB.

31/14 Matters Arising / Actions**a) Apologies (minute 14/14 refers)**

The Chair reminded members that, even though he had sent apologies for the meeting, Dr Davidson still had options to either dial into the meeting or send comments before the meeting on any of the papers.

b) Providers' Performance: STHFT (minutes 06/14(c)((i), 17/14(c) refer)

The Clinical Director advised members that several discussions had taken place with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) regarding what the minimum standards should be for quality and discharge summaries. He reported that the Local Medical Committee (LMC) had agreement from the trust in 2004 on what these should be, which we would re-use, but his thoughts were that generally the quality of information had improved. The LMC would also be negotiating with the trust about what work was appropriate for them to pass over to GPs on discharge, which was also a problem when discharge letters were delayed. The Deputy Chief Nurse reported that discharge information was now readable on the ICE system.

The Chief Nurse advised the Committee that a national piece of work had gone out to providers in the past couple of weeks looking at benchmarking around the quality of discharge information.

The Chair asked if any feedback on the quality of discharge summaries was received from the district nursing service. The Chief Nurse advised that we did not receive this feedback as the district nursing service was part of STHFT but could ask STHFT's Director of Community Nursing Services if this was the case.

KeC

The Committee agreed that, as all assurances were in place, to close this action for now.

c) City Taxis (minute 19/14(a)(iii) refers)

The Chief Nurse reminded members that the Chair of Healthwatch had raised concerns at the last meeting relating to feedback that the services for patients travelling to hospital for renal dialysis was markedly different and a better experience for a certain cohort of patients using the city wide taxi service rather than the ambulance service. He reported that although there had been issues with the contract with Arriva Transport Services Ltd (ATSL) which provided the ambulance service, a number of complaints had been received about them prior to delivering the service, and so it was difficult to know which complaints were genuine and which were not or potentially malicious. However, in this case, it had been confirmed that it had been an issue in Derbyshire, and not Sheffield.

d) STHFT Reports of SIs and Never Events (minute 19/14(c)(i) refers)

The Chief Nurse advised the Committee that the report had been presented to Governing Body on 4 September, and had been published in full by STHFT on 11 September. There had been fairly positive press coverage.

e) SCHFT CQC Inspections (minute 19/14(c)(iii) refers)

The Senior Quality Manager – Commissioning presented the Care Quality Commission (CQC) inspection report that had been received from the trust, which concluded three actions that the trust must do and six that it should do. He reported that the CCG was assured that there is an action plan, which is expected in October and will be circulated to the Committee.

TM

f) St Luke's (minute 19/14(c)(iv) refers)

The Deputy Chief Nurse advised the Committee that in relation to the question that had been raised at the last meeting regarding whether there was a pattern for the pressure ulcers being in a specific area of the hospital or if this related to ward staffing levels, that there was little evidence linking the two issues together. One of the main risk factors would be the clinical condition of the patient.

The Chief Nurse would feed this back to the Chair of Healthwatch at their next meeting.

KeC

g) Quality Dashboard Quarter 4 report: other issues (minute 19/14(c) refers)

The Deputy Chief Nurse advised the Committee that, where possible, she would include targets in the narrative in future reports.

h) Patient Safety: Independent Action Plans: EF Plan (minute 20/14(a) refers)

The Senior Quality Manager – Commissioning presented the final completed action plan from SHSCFT. The SCCG Quality Review group has also had this action plan for confirmation.

The Committee accepted that the action plan was completed. The plan will now be presented to NHSE Area Team Board meeting and then to the local Quality Surveillance Group.

i) 2014/15 Strategy for Safeguarding Adults (minute 21/14 refers)

The Deputy Chief Nurse advised the Committee that the CCG's lead for safeguarding adults has contacted the Chair of Healthwatch to clarify her concerns relating to carers and safeguarding.

The Chief Nurse advised that, in terms of patients, it would primarily be an issue for the CCG, but the overarching responsibility for carer support lies with the Local Authority. He explained that the CCG constantly refers carers (of those patients that it has a direct responsibility for) to the Local Authority.

The Chief Operating Officer joined the meeting at this stage.

32/14 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 1 Report

The Deputy Chief Nurse presented this report which provided an update on the performance of YAS, Arriva Transport Services Ltd (ATSL) and City Taxis. She drew the Committee's attention to the key highlights.

i) YAS

999 demand had increased and response times in a range of areas were below expectation, whilst 111 performance was satisfactory. Patient Transport Service (PTS) performance had improved since the last meeting, although was below expected requirements, and was being closely performance managed. The Clinical Director commented that he was impressed with the quality of the 111 service and the threshold, and that this had been reinforced by the CCG Chair at the CCG's Annual General Meeting held the previous day.

ii) Arriva Transport Services Ltd (ATSL)

The Deputy Chief Nurse advised the Committee that the main concern related to the failure to meet the GP urgent Key Performance Indicators (KPIs). The Chief Nurse explained that other locations had been visited by CQC and concerns had been raised. Sheffield Depot was not a registered location but the CQC had confirmed they would visit as part of their ATSL inspection. He reported that the CCG would be undertaking a full contract monitoring visit to the Sheffield Depot on 16 September.

The Chair asked if, as part of a procurement exercise, whether prospective organisations are asked if they have had past performance issues. The Chief Nurse advised that this had been a procurement led by Rotherham CCG, but managed by Sheffield, however checking past contract performance would be included in the future, including a request for references.

The Committee discussed the use of the PTS, and specifically the taxi service. The Chief Operating Officer reported that it was not unusual for the taxi service to be used for patient transport as it was relatively cheap compared to the ambulance service, and had been introduced to discourage people from using ambulances.

b) General Practice: Update on Quality / CQC Inspections

The Deputy Chief Nurse gave an oral update and reported that the new regime of quality / CQC inspections for GP's and a Pilot is commencing with a number of London GP's. This entails a significant increase in the number of CQC personnel attending inspections and from October 2014, the potential for GP's to be put into Special Measures. Initial inspections will be announced rather than unannounced. The Chief Nurse advised

the Committee that, in primary care, the assessment would focus on the CCG footprint.

c) Foundation Trusts and Private Providers' Quality Dashboard Quarter 1 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 one case of MRSA bacteraemia, reported in June.

Safeguarding Adults / Domestic Abuse KPI's: A report had been received but some data was still to be provided. Issues relating to training would be discussed at the contract Quality Review meeting with the trust on 15 September.

Amber Indicators

Clostridium Difficile: The trust was over target at Quarter 1. This had been discussed with NHS England and the CCG has full assurance that the C Difficile action plan was being delivered and regularly reviewed. She reminded the Committee that the trust's baseline had started lower than other trusts, but if the position did not improve the Monitor target would not be met.

The Chair reminded the Committee that they had been assured that the action plan was clinically sound. The Chief Nurse responded that he had not identified a single action the trust was not already doing and thus were still assured. The ward cleaning programme has resumed throughout the summer.

The Chief Operating Officer reported that this had been raised at the CCG's assurance meeting with NHS England earlier in the week, who are aware of how robust and thorough we are in managing this process. The Deputy Chief Nurse advised the Committee that we were going to identify avoidable and unavoidable cases this year to see if we could find any trends, and thus take targeted action.

Reporting of Serious Incidents and Never Events:

The Deputy Chief Nurse advised the Committee that, although this was not a red indicator, the external review of never events had been presented to the CCG Governing Body, who were assured that action was being taken by the Trust.

In relation to the Referral to Treatment delays, we have undertaken a visit to cardiology to review the six week diagnostic performance, specifically in Echocardiology. In relation to quality, a full review of patients who had been delayed beyond the national targets was being undertaken and a contract query has been issued. This has also been requested to be raised as an SI.

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

The two red areas were training related. The CCG has requested further assurance that an improvement plan was in place in relation to a number of mandatory training areas and this has been received today from the Education Task and Finish group and will be reviewed.

He reminded members that, as discussed previously, that trust board had also not been receiving any information on training, however we have been assured that that the Task and Finish Group are reporting to the Workforce and OD Sub Committee of the Board, who will oversee the action plan delivery. This will also be raised at the next Quality Review meeting and a note will be sent to members with the plan and progress following this meeting.

JH/TM

The Chair suggested that this might be an agenda item for Governing Body's next meeting with the trust board.

AF

Amber Indicators

Reporting of Serious Incidents and Never Events: Although there is still a backlog of reports to be submitted to the CCG, the position has improved, compared to last year and we are monitoring this monthly.

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 eight Amber indicators.

There were two main areas of concern:

Staff Training data not being available

Serious incidents - delays in reports submitted to the CCG and general poor communication and responsiveness. The Committee noted that the lack of responsiveness had been raised as an issue in the past. The Deputy Chief Nurse is raising this formally with the Trust.

JH

The Chief Nurse reported that we will be holding monthly quality reviews

with the trust as a pilot to improve engagement and establish closer links with contracting. Also that in future, he and the Clinical Director would be meeting separately with the trust.

KC/ZM

The Chair commented that the lack of responsiveness was unacceptable and wanted to offer this as an agenda item for the next board to board meeting with the trust. The Chief Nurse reported that he would be also be raising this as an issue the following week with Quality Surveillance Group, and the CCG's Accountable Officer was having an initial conversation with the trust's Chief Executive.

AF

iv) Independent Providers: St Luke's, Claremont, and Thornbury

The Senior Quality Manager – Commissioning advised the Committee that there were no issues of significant concern.

The Committee received and noted the providers' quality dashboard position for Quarter 1 2014/15.

d) Quality in Care Homes

The Deputy Chief Nurse presented this report. She advised the Committee that, whilst there was nothing of significant concern to raise, several issues had been raised by the GPs that provide cover to a particular care home under the Care Home Local Enhanced Service (LES), which was taking a disproportionate amount of time to resolve.

The Chair asked the Committee to note the positive position in that the number of concerns (Red ratings) had reduced since the last report, which gave her more confidence in the system.

The Committee received and noted the report.

33/14 Patient Safety

CCG Clostridium Difficile Report 2013/14 and Updated Action Plan 2014/15

The Deputy Chief Nurse presented this report. She advised the Committee that although we were assured that it is a robust plan, it is on track and work is generally running to timescale, it does not seem to be reducing the number of cases in the community. She also advised the Committee that an audit by our Medicines Management Team of all long term prophylactic antibiotics for Urinary Tract Infections (UTIs) in every GP practice was about to commence.

The Committee received and noted the CCG Clostridium Difficile Report 2013/14 and Updated Action Plan 2014/15

34/14 Patient Experience

a) Patient Opinion Quarter 1 Report

The Deputy Chief Nurse presented this report which provided a summary of patient experience data gathered from stories posted on the Patient Opinion and NHS Choices website during Quarter 1. She advised members that 70 'stories' had been posted from the Sheffield community, mostly related to STHFT. The majority of comments were complimentary and negative comments had an opportunity to be followed up via providers. It was agreed that since the report did not produce sufficient detailed information that the committee could take action on, that an oral update would be given at future committee meetings if significant issues had been reported.

The Committee received and noted the report.

b) STHFT Patient Experience Report Quarter 4 2013/14

The Deputy Chief Nurse presented this report as an exemplar report and which provided feedback from a wide range of patient feedback sources including local and national patient surveys, Friends and Family test and complaints. This is reported to STHFT's Trust Board quarterly.

The Committee received and noted the report.

35/14 Policies for Approval

a) Compliments and Complaints Policy

The Chief Nurse presented the policy which, he reported, had been updated to include national guidance. He advised the Committee that the Equality Impact Assessment (EIA) had now been completed, which showed a neutral impact, and reported that a section 5.2 would be added giving reference to the Equality Act 2010. Once approved, the policy would be published on the intranet for staff and on the CCG's website.

The Committee approved the policy.

b) Individual Funding Request (IFR) Policy

The Chief Nurse presented the policy. He advised the Committee that the Commissioning Support Unit (CSU) had written an IFR policy for use across the CSU. The CCG had agreed to adapt this version into a local policy to include local procedures.

The Committee approved the policy.

c) MRSA Guidance for the CCG and Primary Care

The Deputy Chief Nurse presented the guidance and advised the Committee that this was previously a policy when the CCG delivered clinical services. It is based on national guidance and informed by

STHFT's policy to ensure consistent acute and community treatments and links to STHFT have been added.

The Committee approved the guidance.

d) Safeguarding Children and Adults Policy

The Deputy Chief Nurse presented the policy which had been updated to reflect new legislation.

The Committee approved the policy.

36/14 Papers for Information

a) Controlled Drugs Accountable Officer Quarter 1 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 11 June 2014. She had no specific concerns to draw to the Committee's attention.

The Chief Nurse advised the Committee that the CCG's Head of Medicines Management acts as Controlled Drugs Advisor to NHS England and is a member of the CQC National Clinical Sub Group on Controlled Drugs. That group is finalising new guidance on minimising the risks with methadone, which is likely to be published as the national model.

The Committee received and noted the report.

b) Medicines Safety Group Quarter 1 Update

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

The Committee received and noted the report.

c) CQUIN Annual Report 2013/14

The Deputy Chief Nurse presented the presented this report which, she advised, had also been presented to the CCG's Commissioning Executive Team.

The Committee received and noted the report.

37/14 Review of Quality Assurance Committee Terms of Reference

The Deputy Chief Nurse presented the Terms of Reference. She reminded the Committee that the Governing Body Secondary Care Doctor had been invited to increase clinical membership, however this arrangement had not been implemented due to clinical commitments. It

was proposed that a second GP should be invited and would ascertain as to whether this needed to be a Governing Body GP. She would also remove the Head of Medicines Management from the core membership and would make clearer in the TOR that the Deputy Chair is the Chief Nurse. She would update the Terms of Reference and recirculate to the committee, which would also need to go to Governing Body for approval.

JH

The Committee Administrator was asked to send a communication to members to ascertain what day and time of the week would be best for them to meet in future.

CRH

38/14 Key Messages to Governing Body

- CQC pilots in General Practice
- Patient Transport Services and Arriva underperformance.
- STHFT and C Difficile performance
- SHSCFT staff training issues
- SCHFT and poor communications to the CCG

39/14 Date and Time of Next Meeting

Friday 28 November 2014, 1.30 pm – 3.30 pm, 722 Boardroom