

**Minutes of the Quality Assurance Committee meeting  
held on Friday 28 November 2014, 1.30 – 3.30 pm  
in the Boardroom at 722 Prince of Wales Road, Darnall**

Item 14h

**Present:**

Amanda Forrest, Lay Member (Chair)  
Kevin Clifford, Chief Nurse  
Richard Davidson, Secondary Care Doctor (dial in) (up to item 45/14(iii))  
Jane Harriman, Deputy Chief Nurse  
Dr Zak McMurray, Clinical Director

**In attendance:**

Sue Berry, Senior Quality Manager, Urgent and Primary Care  
Maggie Campbell, Chair Elect, Healthwatch  
Peter Magirr, Head of Medicine Management  
Tony Moore, Senior Quality Manager, Commissioning  
Sarah MacGillivray on behalf of Internal Audit  
Karen Shaw, PA to Accountable Officer and Chair

		<b>ACTION</b>
<b>40/14</b>	<p><b>Apologies:</b></p> <p>Apologies had been received from Dr Amir Afzal, GP Locality Representative, Central and Idris Griffiths, Chief Operating Officer</p>	
<b>41/14</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
<b>42/14</b>	<p><b>Minutes of the meeting held 12 September 2014</b></p> <p>The minutes of the meeting held on 12 September 2014 were agreed as a correct record.</p>	
<b>43/14</b>	<p><b>Matters Arising/Actions</b></p> <p><b>(a) Providers' Performance: STHFT (minutes 06/14 (c) (i), 17/14 (c), 31/14 (b) refers)</b></p> <p>The Chief Nurse advised that he had spoken with STHFT's Director of Community Nursing (CN) about the issues relating to the quality of discharge summaries. The quality had improved since CN had moved to STHFT. It was agreed that the action would be closed but the issue kept under scrutiny.</p> <p><b>(b) St. Luke's (minutes 19/14 (c) (iv), 31/14 (f))</b></p> <p>Following discussion at the last meeting relating to a potential trend for pressure ulcers, discussions had been held with St Luke's and it had been agreed that there did not appear to be a</p>	

trend/pattern for these events. Healthwatch had been informed of the discussion and was content with the outcome.

#### 44/14 **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 Senior Quality Manager presented this report which provided an update on the performance of the above providers. She drew the Committee's attention to the key highlights.

##### **i) YAS**

Performance is still unsatisfactory but the concerns are being managed by the Regional Contract Management Board. The Chief Executive had recently stepped down and an interim Chief Executive had been appointed.

An external review had been commissioned to look at the service and a CQC inspection of the service was scheduled for January.

The Secondary Care Doctor queried whether there was a key performance indicator for the Ambulance Clinical Quality Indicators (ACQI) for ATSL with regard to access and timeliness of the response. SB advised that YAS was performing adequately in this area.

##### **Patient Transport Services (PTS)**

The Chair Elect of Healthwatch commented that Healthwatch was currently doing some work on patient experience of PTS and would be undertaking a data collection exercise at STHFT within the next week; the findings of which should be available before the end of the year. The CCG was fully involved in this exercise.

The Chair Elect of Healthwatch commented that there should be a joint conversation with issues regarding patient experience and the service in the future. The Senior Quality Manager advised that the CCG was currently looking at delays and triangulate this with patient experience.

The CCGs have submitted feedback to the CQC on 21<sup>st</sup> November regarding the CQC visit to YAS in January 2015.

This will be circulated to the committee  
The Committee was not assured that the service was performing adequately but noted processes were in hand to address the ongoing concerns.

**SB**

**ii) Arriva**

Members were advised that the main concerns on the service related to GP urgents. The one and two hour performance remains below target as does the Frailty, Inward and Overnight Outward service. The contract is being closely monitored and reported through the SCCG contract management meeting. A position paper had been presented to CET and a paper would be presented to the Governing Body on the Contracting Strategy.

The Committee was assured.

**iii) City Taxis**

The Committee was assured that the service provided by city taxis is excellent; it was noted that the CCG holds the City taxi contract.

**iv) 111**

The Clinical Director raised an issue relating to the sign off disposition. The Area Team was not signing off the GP in hours profile for the Directory of Service which could have potential significant impact for services available to patients. This was being monitored and would be escalated should it continue.

The Chair agreed to alert the Governing Body to this issue.

**v) General Practice: Update on Quality/CQC Inspections**

The Deputy Chief Nurse discussed CQC inspections and performance of general practice and sought comment on the level of involvement of this Committee. The Chair advised that discussions had been held at the Primary Care Commissioning Group and with the Area Team around the level and implications of these visits. The CQC had published a league of performance ratings – as bandings - for GPs see below for Sheffield GP performance:-

<b>Banding</b>	<b>Total %</b>
Band 1 (most risk)	6.8
Band 2	3.4
Band 3	3.4
Band 4	6.8
Band 5	17.0
Band 6 (Lowest risk)	58
No report	3.4

The Clinical Director advised that the visits and results had caused significant concern. The information had not been validated before it was put into the public domain. The Chair Elect of Healthwatch commented that the information was too nuanced for the general public to understand and only raised

anxiety levels.

**Post meeting note:** The above data has now been removed from the website and adjusted due to errors in the data.

The Secondary Care Doctor commented that the scenario described was reflective of how audits/results were conducted in secondary care and that over time data should become more relevant. He felt it was reasonable to have some scrutiny.

The Chair Elect of Healthwatch commented that they would be keen to work collaboratively around the issue of GP access.

The Chair commented that conversations were ongoing with NHS England in the co-commissioning forums and that the quality leads in the CCG are leading the quality work in co-commissioning.

The Chair welcomed the expansion of the connection with Healthwatch. It was suggested that if the CCG sought External Assurance to produce the indicators, Healthwatch should also be involved.

The Committee noted:

- There were concerns about the CQC's methodology and the published scores. The CCG should work with NHSE, in collaboration with Healthwatch to identify relevant indicators. The Chair was requested to raise this at Governing Body
- To be added to the agenda for February for a further conversation regarding GP quality indicators.

SB/CH

#### 45/14 **Quality Dashboard Summary Quarter 2 Update**

The Deputy Chief Nurse presented this paper which provided the key highlights of Sheffield provider's performance, detailing the Care Quality Commission (CQC) registration position, Quality Standards and Targets for Quarter2, 2014/15.

##### **i) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)**

She drew members' attention to the key performance issues.

##### **• Red Indicators:**

**MRSA** – 1 case in June 2014

**Post Meeting Note:** Two further cases to date but not confirmed STH assigned.

**Patient Safety Incidents:** Under-reporting of patient safety incidents - it was noted that STHFT is showing the lowest performance in the cluster for the rate of reporting patient safety

incidents for the last 12 months of reporting. The issue had been raised at the Healthcare Governance Committee and the Trust is undertaking further work and visiting a provider who is performing well.

The Chief Nurse commented that within the contracting performance management process, there will be a requirement for the trust to comply with the new national Serious Incident policy, when published.

**Safeguarding Vulnerable Adults:** There is ongoing dialogue with STHFT regarding delivering the KPIs - specifically training. The CCG has not yet received a report on the new training reporting system (PALMs) which has been set up and is being discussed at executive level.

- **Amber Indicators**

**C Difficile:** 59 cases had been reported to the end of Quarter 2, which is 8 cases over target. STHFT continue to explore how to reduce cases against the Action Plan which had been jointly agreed.

## **ii) The Sheffield Health and Social Care (NHS) Foundation Trust (SHSC)**

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

**Regulation:** The CQC had inspected the Trust during October 2014. Verbal feedback had been provided but the final CQC report was not expected until the New Year. A Quality Summit was being planned for February.

**Quality Standards:** there are 3 red indicators and 10 amber indicates mostly centred on training. Regular reports are being received and most of the issues are being addressed via the contracting process. With regards training a formal report will be presented to SHSC's Board in January.

The Secondary Care Doctor drew attention to the Summary page of the report, AF 2.1, which needed correction.

**TM**

The Secondary Care Doctor withdrew from the meeting.

## **iii) Sheffield Children's (NHS) Foundation Trust**

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

**Amber Indicators:** It was noted that the SCCG had conducted a visit to the Audiology department regarding delays in referral to

treatment. The Audiology visit provided assurance that improvements had been made regarding the booking of referrals and procedures updated.

A visit had also taken place to Oncology to review the number of patients undergoing cancer treatment and understand discrepancies on numbers of patients reported on the 'Exeter system'. Assurance was given regarding the CCG's concerns.

**iv) Independent Providers: One medicare**

A serious incident relating to a patient death was currently being investigated.

The Committee received and noted the providers' quality dashboard position for Quarter 2.

**46/14 Care Homes Quarter 2 Report**

The Deputy Chief Nurse presented this report which detailed the quality assurance visits and activity in relation to care homes in Sheffield.

During the period, 0 homes were rated Red, eight as Amber, four as Purple and 39 as Green. Performance of care homes was continually improving as poor performance was being addressed.

The Chair Elect of Healthwatch reported that they would be auditing the homes that had been rated green; which had been agreed with the CQC and Sheffield City Council. The CCG would also be involved in the visits.

The Committee endorsed the activity for Quarter 2.

**47/14 Domiciliary Care Providers Quarter 2 Report**

The Deputy Chief Nurse presented this report which summarised the quality monitoring visits and level of activity undertaken in relation to domiciliary care providers in Sheffield.

Ten planned and unannounced Quality Monitoring visits had been undertaken by Local Authority Contract's Officers to eight domiciliary care providers during the quarter. Three providers were rated as Amber and 16 were rated Green.

The Chair Elect of Healthwatch said that they had received four unsolicited concerns relating to 'comfort calls' during the last two months. These would be shared with the CQC and CCG for information.

The Committee endorsed the activity for Quarter 2.

**48/14 Sheffield CCG Clostridium Difficile Action Plan**

The Deputy Chief Nurse presented this report which sought to provide assurance that the CCG C. Difficile action plan is being delivered.

JH reported that with the exception of the Medicine audit, the Action Plan was on track.

The Committee noted the report.

**49/14 Feedback from Patient Opinion Exceptions Report**

The Chief Nurse presented this report which provided information about stories posted on the Patient Opinion and the NHS Choices websites relating to the quality of care provided by services commissioned by NHS Sheffield CCG.

Members discussed the usefulness of this information and how this could be used going forward. The Chair Elect of Healthwatch advised that they were also undertaking a similar exercise and would be sharing their findings with providers. It was agreed that the Chair Elect of Healthwatch should discuss this with the CCG – Carrie from Healthwatch will contact the CCG Complaints Manager and Chief Nurse.

The Committee noted the report.

**50/14 Quarterly Report on Controlled Drugs**

The Head of Medicine Management presented this report on the monitoring and incident reports relating to NHS Sheffield CCG, received and considered at the Controlled Drugs local Intelligence Network (CDLN) held on 10 September 2014 including:

- Occurrences involving controlled drugs identified via monitoring of ePACT prescribing data;
- Incidents involving controlled drugs reported to the controlled drugs accountable officer.

He drew members' attention to the fact that the medicine management teams across South Yorkshire and Bassetlaw had now completed an exercise related to the standardisation of tolerances for CD monitoring which will enable the relative situation in each CCG to be more accurately ascertained. These new tolerances would be used from Quarter 3.

The Committee noted the report.

**51/14 Quarterly Report from Medicines Safety Group**

The Head of Medicine Management presented this report which

**Health  
watch**

informed the Committee of the matters considered at the Medicines Safety Group (MSG) meeting held in September 2014.

He drew attention to the concern that had been raised within STHFT community services regarding the number of errors on TTOs. The matter has been escalated with STHFT and a group has been convened to address the issue.

The Committee noted the report.

**52/14 Key Messages to Governing Body**

- Committee not assured by service provided by YAS
- 111 – Issues around disposition sign off which was considered a significant risk to patients. Discussions ongoing with Area Team
- CQC visits to primary care – indicators raised as a concern
- STHFT MRSA cases, Safeguarding Adults KPIs and incident reporting
- SHSCFT staff training issues now being addressed
- Patient Opinion provides useful patient insight

**53/14 Date and Time of Next Meeting**

Friday, 27 February 2015, 1.30 pm – 3.30 pm, 722 Boardroom