

**Minutes of the Quality Assurance Committee meeting
held on Friday 8 May 2015, 1.30 – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Item 15e

Present:

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

In attendance:

Sue Berry, Senior Quality Manager, Urgent and Primary Care
Dr Maggie Campbell, Chair, Healthwatch Sheffield
Orla Cleary (shadowing)
Carol Henderson, Committee Administrator / PA to Director of Finance
Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance
Victoria McGregor-Riley, Deputy Chief Operating Officer (on behalf of the Chief Operating Officer)
Tony Moore, Senior Quality Manager, Commissioning

		ACTION
13/15	Apologies:	
	Apologies had been received from Dr Amir Afzal, CCG Governing Body GP Quality Lead, and Janet Beardsley, Senior Quality Manager.	
	Members discussed the membership and problems with quoracy of the committee, especially in light of the resignation of Dr Richard Davidson, Secondary Care Doctor, from the Governing Body and henceforth the Quality Assurance Committee, which reduced the current core membership to five individuals. The Chair reported that she would follow up with the CCG's Accountable Officer's PA as to progress with recruitment to the secondary care doctor post and also suggested that a further GP be added to core membership of the committee which would help out with quoracy and provide further external scrutiny.	AF
	The Chief Nurse reported that there were quite a few CCGs functioning without a secondary care doctor. He also commented that if further GP membership came from a member of the GP Provider Board it could possibly become problematic when they became a provider of services.	
	The Chair was asked to discuss with the CCG Chair and Director of Business Planning and Partnerships the additional membership requirements and the current problems with quoracy due to certain core members not being able to attend all meetings.	AF
	The Medical Director advised that he would be unable to attend the August committee meeting. He and the Chief Nurse would identify	ZM/KeC

one of the new Clinical Directors to deputise on his behalf.

14/15 Declarations of Interest

There were no declarations of interest.

15/15 Minutes of the meeting held on 27 February 2015

The minutes of the meeting held on 27 February 2015 were agreed as a correct record.

16/15 Matters Arising/Actions

a) Commissioning for Quality Strategy and Summary (minute 08/15(a) refers)

The Deputy Chief Nurse advised that the changes requested at the last meeting had been made and confirmed that the revised strategy had been approved by Governing Body in April. She would present an action plan to the August committee meeting.

JH

b) Quality Dashboard Summary: Safeguarding (minute 05/15(iii) refers)

The Chief Nurse advised that he and the CCG's Designated Nurse - Safeguarding Children had met with Sheffield Children's NHS Foundation Trust HR Director to discuss the concerns the committee had around their approach to safeguarding and the training of staff, some of which the trust confirmed had been taken forward. He also advised the committee that he was just about to enter into discussions with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and Sheffield City Council (SCC) regarding the changes in the Children's Social Care arrangements, including the changes in commissioning arrangements for Health Visitors.

KeC

17/15 Providers' Performance

(i) South Yorkshire and Bassetlaw Yorkshire Ambulance Service NHS Trust (YAS) NHS999/111/Patient Transport Service (PTS)/Arriva Transport Services Ltd (ATSL) City Taxis Quarter 4 Report

The Senior Quality Manager – Urgent and Primary Care, presented this report which provided an update on the performance of the above providers. She drew the Committee's attention to the key highlights.

a) Yorkshire Ambulance Service NHS Trust (YAS)

The Care Quality Commission (CQC) had cancelled their Quality Summit with YAS which had been scheduled to give them feedback

from their visit earlier in the year. No further date to meet had been agreed as yet. The Chair reported that the CQC had advised her that they currently only had about 30% of the workforce they needed so visit reports were being delayed by up to five to six months. The Chief Nurse reported that the CCG's concerns in these delays in reporting had been raised informally with the CQC as they were now losing credibility when high lighting patient risk so long after visit.

The Senior Quality Manager also advised the committee that YAS had now made permanent appointments to the posts of Chief Executive and Director of Operations.

b) 999

Whilst performance was still poor, there had been an improvement in Sheffield against the Key Performance Indicators (KPIs). We had just agreed a new contract with them for 2015/16.

c) 111

There were no major concerns to report, with the only issue relating to issues with transfer of calls from a call handler directly to a 111 clinical call handler and the clinical call-back times, which the committee noted was also a national problem. We had not agreed a contract for 2015/16 with YAS as yet for 111, with contract negotiations still ongoing.

d) YAS Patient Transport Services (PTS)

Their performance was still causing us problems as they had had a downward trajectory since June 2014, so were now being micro managed. We had just agreed a new contract with them for 2015/16.

The Senior Quality Manager advised the committee that the issues relating to YAS PTS included them not dropping off patients in time for their appointments, and failing to pick up patients within 90 minutes of the discharge time from their appointments. She reported that we had completed a CQUIN for what contributed to the delays in getting the patients in to the hospital, and on for this year on what contributed to the delays in getting them out. She advised that YAS had reported that delays in getting patients in to hospital included a lack of parking spaces for ambulances and wheelchairs not being available at the Northern General Hospital (NGH), which was an ongoing problem that we were picking up with NGH.

e) Arriva Transport Services Ltd (ATSL)

This is a local contract for the South Yorkshire area, which was ongoing and due to expire in 2016. A member of the CCG's finance

team was looking to undertake a PTS review and, in tandem with that, we were working up a specification in case we needed to go out to tender once the contract was due to expire. The Chief Nurse advised that this therefore would be on next year's procurement plan.

The Committee noted that their performance had improved remarkably against their KPIs, with their trajectory now very good.

The Chair of Healthwatch advised the committee that they had undertaken a two week snapshot at two of the Northern General Hospital (NGH) discharge lounges in terms of patient's views of PTS which had shown that patients were more content with the YAS PTS than Arriva PTS.

The Committee agreed that that they had assurance about the work we were doing on PTS, as we have a recovery action plan, service delivery plan and data improvement plan, which were all monitored on a monthly basis.

f) City Taxis

The Committee was assured that the service provided by city taxis was excellent.

ii General Practice

a) Update on CQC Visits to Sheffield Practices

The Chief Nurse gave an oral update and advised the committee that he had recently met with the CQC Inspector for South Yorkshire who had advised that they were only visiting nine Sheffield practices, a list of which they had provided to him in confidence and which he had shared with the CCG Chair and Medical Director. He reported that although it was supposed to be a random and cross-selection of practices, his thoughts were that this was not the case. He reported that the first inspection had taken place earlier in the week but had received no immediate feedback as yet, and had asked the CQC to contact him if they had any particular concerns, especially around patient safety. He had also asked the Locality Managers to ask their practices to let them know when they received a two week visit warning from the CQC.

The Committee noted the update and that this would be reported to Governing Body either as part of the minutes of the committee meetings or possibly through a separate update as and when necessary. However, this programme was not formally the responsibility of the CCG as contracts with practices are held by NHS England.

b) Update on Quality and GP Indicators

The Senior Quality Manager gave an oral update and reminded the committee that she had tabled a practice ratings paper at the last meeting which had been revised following validation and adjustments since the initial bandings had been withdrawn from the NHS England website and rescored. The Chief Nurse advised the committee that the CQC had reported that the ratings were not robust. He reported that there was one practice in Sheffield that we had taken the step contractually of reporting them to NHS England (NHSE) and had worked with NHSE to put some limited intervention in to support them. This was the first time that we had actually intervened in this way.

The Committee noted the update.

(iii) Quality Dashboard Summary Quarter 4 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 Quarter 4 2014/15.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

The CCG had an ongoing number of high level concerns and she drew members' attention to the key performance issues.

MRSA: There had been one reported case in March which made four cases for the full year against a target of zero. She reported that there was an assurance process behind each case in that a root cause analysis (RCA) was carried out on each one and identified why they had occurred.

Training: We had now received a report on staff training from the trust which, however, did not contain any data. Their response to this was that they were moving over to a new system and could not give us any data at this stage, not even on safeguarding. A report would be presented to their trust board on 20 May which the Deputy Chief Nurse would share with the committee.

Never Event: The trust had had a Never Event relating to the wrong surgery carried out on a patient, which was now going through the serious incident process. The Chief Nurse reported that he had spoken to the trust's Medical Director in that the trust should have reported it as an error, and also reported that the individual who had carried out the surgery was now only allowed to work supervised as long as they were not operating.

CQUINs: The trust had achieved the Friends and Family Test

JH

CQUIN indicator.

In addition to the report, the Chair advised the committee that she had been accepted as a partner governor at the trust, and would be attending her first partner governor meeting in June.

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

The Senior Quality Manager – Commissioning highlighted key performance issues.

Safeguarding Vulnerable Adults: Discussions were taking place with the trust about their poor levels of staff training, which had been self-RAG rated as red, and about the absence of a Quarter 4 KPI return.

Training: A large number of their Amber indicators were related to poor levels of staff training, which was unacceptable. We were about to receive an annual report and training plan update and would be working with them to help support and improve their performance.

The Chair of Healthwatch asked if we received training data broken down by directorate. The Senior Quality Manager explained that although routine data was received largely by topic rather than directorate, this could be made available, and would expect to see it included in their annual report, however, it was not a big feature in quality accounts.

Serious Incidents (SIs): The trust had been working hard to clear the backlog of reports, most of which were now complete.

Compassionate Care - Dignity and Eliminating Mixed Sex Accommodation: The Chair reported that the data from the audits of service user's view / concerns that were due in March had still not been received and were being picked up by the CQC.

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

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

CQUINs: We had now received data for Quarter 4. However, payment was dependent on validation of the data.

Clostridium Difficile: There had been one further attributable case. Although the trust only has a very small number of cases, each one is reviewed.

Mental Capacity Act and Deprivation of Liberty: The trust had chosen not to be engaged in the MCA project to assess compliance,

therefore no information had been submitted. They were also meant to be involved in a scoping exercise, which they had also chosen not to do.

Complaints: Although their 25 day response rate performance had improved in Quarter 3 following a review of their system, it had deteriorated in Quarter 4 which was concerning.

d) Independent Providers

The Deputy Chief Nurse had nothing specific to report, except to say that, due to timing, we had not received a lot of the data for Quarter 4.

The Committee received and noted the providers' quality dashboard position for Quarter 4.

(iv) Care Homes and Domiciliary Providers

a) Quality in Care Homes Quarter 4 Report

The Deputy Chief Nurse presented this report which detailed the quality assurance visits and activity in relation to care homes in Sheffield. She drew the committee's attention to the key issues.

The Laurels and The Limes Care Home had been RAG rated Red since 28 January 2015. New placements were currently suspended, there were 16 outstanding safeguarding investigations, and concerns had been raised by the CQC following a recent visit. However, she had been advised that their performance had improved since the report was published.

The Chief Nurse advised the committee that the GP practice that had provided the Care Home Local Enhanced Service (LES) had decided it no longer wanted to provide support and had served notice, however, NHSE had indicated to the practice that they would still retain GMS responsibility for the patients within the home until a new GP for the LES was identified. He reported that the GP that had made most of the safeguarding referrals was being supported in terms of what was actually a concern. However, a number of the referrals were being taken seriously, but some had been screened out. He advised the committee that there were no other members of that particular care home group in Sheffield, but it was a home that had periodically had problems in the past.

The Deputy Chief Nurse also advised the committee that the Care Home Support Team had been disbanded as we had redirected that support to the CCG's in-house team, with an exit strategy successfully implemented. We would be supporting the new team with training as issues arise.

The Chair of Healthwatch advised the committee that they had

completed their series of enter and view visits. This had been an interesting process, focusing on Green rated homes and particularly on dignity, and had found a high standard of care staff in the homes, with a common complaint being that good nurses were in short supply. In summary, within these homes they had found a spectrum of quality, and some very good and some not so good practice. Three reports were now published and on their website and when they had finished the series of reports they would put together a series of recommendations.

MC

The Chief Nurse reported that Jasmine Court Care Home had had 10 CQC inspections in two years, none of which had found them to be fully compliant. Following a further CQC inspection in Quarter 1 they had been given 28 days notice of removal of their registration, which meant that another provider would now take over.

The Specialist Assurance Manager: Clinical Quality, 360 Assurance, advised the committee that, with East Midlands CCGs, they were developing standards to be used in nursing care homes and by commissioners, to look at things like safer staffing levels, which she would share with the committee.

SMacG

b) Quality in Care Homes Annual Report

The Deputy Chief Nurse presented this report. She drew the committee's attention to the highlights which included where they were underperforming on care plans and policies and communications with other agencies, which were issues on which we could focus and support them.

The Committee received and noted the report.

c) Domiciliary Providers' Quarter 4 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.

As reported in Quarter 3, three providers had been assessed as most of risk of non-compliance or at possible default on the contract. She reported that there were action plans in place which were being delivered.

With regard to the lack of updates from the Local Authority about concerns relating to Comfort Call during Quarter 4, this did not mean that the Local Authority was not actually doing anything but meant that they had not reached a resolution on any of the concerns.

The Committee endorsed the activity for Quarter 4.

18/15 Patient Safety

i) Infection Control Annual Report 2014/15

The Deputy Chief Nurse presented this report. She advised the committee that achievement against the MRSA and C.Diff targets had been reported to Governing Body every month, but we had not achieved our target as a CCG in 2014/15, and a more detailed report would be presented to the Commissioning Executive Team (CET) at the end of May. She reported that the C.Diff targets for 2015/16 were more challenging, with STHFT having to reduce their cases by seven and SCHFT having to reduce their cases by one, and there continues to be a zero tolerance approach to MRSA.

JH

The Committee received and noted the report.

ii) Serious Incident (SI) Framework and Never Event National Policy Update

The Deputy Chief Nurse presented a briefing on the recently released NHS England Serious Incident Framework and Never Events policy, framework and list.

The Senior Quality Manager reported that he had attended an NHS England-organised implementation workshop several weeks before to consider what we think it means, how we enact it in our contracts, and how we update our policy, which was still work in progress with NHS England and local colleagues. NHS England has clarified the definition of what was an SI, which was very useful in that it may now screen out things that were clearly not SIs.

TM

An update would be presented to the committee in August.

TM

The Committee noted the changes to the national serious incident and never event frameworks and the implications for both providers and the CCG.

19/15 Feedback from Patient Opinion Exception Report

The Deputy Chief Nurse presented this report which provided information about stories posted on the Patient Opinion and NHS Choices website relating to the quality of care provided by services commissioned by NHS Sheffield CCG. The report highlighted general concerns, especially relating to five negative stories about the Jessop Wing regarding staff rudeness, planned sections being cancelled and patients going over the date for scheduled induction. We were seeking assurance from STHFT that they were following these concerns up appropriately, including asking those patients that had submitted their stories to Patient Opinion to give more information.

The Chair of Healthwatch advised the committee that, although she did not think that this had been an issue reported to Healthwatch she could check back and clarify, as they do ask providers for further more information when negative stories have been posted onto Patient Opinion.

MC

The Committee received and noted the report.

20/15 Medicines Safety

i) Quarterly Report on Controlled Drugs

The Deputy Chief Nurse 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 11 March 2015 including:

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

The Committee received and noted the report.

ii) Medicines Safety Group Quarter 4 Report

The Deputy Chief Nurse presented this report which informed the Committee of the matters considered at the Medicines Safety Group (MSG) meetings held on 18 March 2015. She had no particular concerns to bring to the committee attention.

The Committee received and noted the report.

21/15 Any Other Business

Internal Audit of NHS 111 Arrangements

The Chief Nurse advised the committee that an internal audit of NHS 111 arrangements had just been concluded, with a recommendation that we needed to be formally sighted on how governance arrangements are being addressed in other CCGs. He reported that he had sought assurance from our South Yorkshire and Bassetlaw CCG colleagues and he tabled a paper that provided this information. He reported that he would be discussing this further with Doncaster CCG as their information did not provide assurance that their urgent care dashboard was presented to their Governing Body.

KeC

There was no further business to discuss this month.

22/15 Key Messages to Governing Body

The Committee asked the Chair to raise the following issues:

- The Committee's concerns about the reputational risk to the CQC and the possible to risk to organisations as a result of the CQC's delay in issuing inspections reports.
- The Committee's concerns about the lack of evidence and data to show that staff at STHFT and SCHFT were receiving appropriate training.
- The Committee's concerns that data from the audits of service user's views and concerns about dignity and eliminating mixed sex accommodation at SHSCFT that were due in March had still not been received.
- The Committee's concerns about the lack of focus on learning from complaints by SCHFT.

23/15 Date and Time of Next Meeting

Friday 28 August 2015, 1.30 pm – 3.30 pm, 722 Boardroom