

**Report from Quality Assurance Committee
meeting held on 28 August 2015**

Item 17d

Governing Body meeting

1 October 2015

Author(s)	Jane Harriman, Deputy Chief Nurse
Sponsor	Amanda Forrest, Chair of Quality Assurance Committee
Is your report for Approval / Consideration / Noting	
Noting	
Are there any Resource Implications	
Not applicable	
Audit Requirement	
<u>CCG Objectives</u>	
2.1 Providers delivering poor quality care and not meeting quality targets	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> NO	
<i>If not, why not?</i> Not applicable	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
Not applicable	
Recommendations	
The Governing Body is asked to:	
<ol style="list-style-type: none"> 1. Note the key messages in the Executive Summary 2. Receive the unadopted minutes from the 28 August 2015 meeting 	

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EXECUTIVE SUMMARY

The Committee wish to raise the following with the Governing Body.

- 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 and the number of inaccuracies included in reports.
- The Committee's concerns about YAS patient transport service and the fact they do not appear to be committed to delivering the quality of their key performance indicators. The Committee also noted that there had been parallel discussions at the Commissioning Executive Team.
- The Committee's concerns for some time about SCHFT regarding their approach to MCA and DOLs and them not engaging in domestic abuse and safeguarding training, but hoped they would see some changes shortly.
- The national issue about workforce planning with the system not being able to cope with the lack of specialist nurses for children.
- The Committee's concerns about the CCG's partnership working with the Local Authority – we need to be in partnership in all areas we work together on
- The Patient Experience Strategy will be presented to Governing Body for noting in October.
- The Patient Experience and Engagement Group would be monitoring progress with the Patient Experience Strategy 2015/19 and Action Plan 2015/16.
- Proposed changes to the membership of the Committee

Sheffield Clinical Commissioning Group

Minutes of the Quality Assurance Committee meeting held on Friday 28 August 2015, 1.30 – 3.30 pm in the Boardroom at 722 Prince of Wales Road, Darnall

Present:

Amanda Forrest, Lay Member (Chair)
 Dr Amir Afzal, CCG Governing Body GP Quality Lead
 Kevin Clifford, Chief Nurse
 Dr Trish Edney, Clinical Director Children and Young People (on behalf of the Medical Director)
 Jane Harriman, Deputy Chief Nurse (up to item 30/15(b))

In attendance:

Janet Beardsley, Senior Quality Manager
 Sue Berry, Senior Quality Manager, Urgent and Primary Care
 Dr Maggie Campbell, Chair, Healthwatch Sheffield
 Carol Henderson, Committee Administrator / PA to Director of Finance
 Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance
 Grace Mhora, Quality Manager (shadowing)
 Tony Moore, Senior Quality Manager, Commissioning
 Bev Ryton, Clinical Audit and Effectiveness Manager (for item 29/15)

ACTION

24/15 Apologies:

Apologies had been received from Dr Devaka Fernando, Secondary Care Doctor, Victoria McGregor-Riley, Deputy Chief Operating Officer (on behalf of the Chief Operating Officer), and Dr Zak McMurray, Medical Director.

25/15 Declarations of Interest

There were no declarations of interest.

26/15 Minutes of the meeting held on 8 May 2015

The minutes of the meeting held on 8 May 2015 were agreed as a correct record.

27/15 Matters Arising/Actions

a) Membership and Quoracy of the Committee (minute 13/15 refers)

The Chair reminded members that they had been worried about quoracy of the meetings as they had been barely quorate on a couple of occasions and have to be assured that there is scrutiny from external members of the committee. She reported that she had spoken to the CCG's Chief Operating Officer about making sure that the new secondary care doctor post was part of this committee, which has happened, and also spoken to the CCG's Director of

Business Planning and Partnerships about making sure that meetings were quorate. This had been reviewed across all committees of the Governing Body. She welcomed Dr Trish Edney, Clinical Director Children and Young People, who had been nominated to attend the meeting on behalf of the CCG's Medical Director.

b) Quality Dashboard Summary: Safeguarding (minutes 05/15(iii) and 16/15(b) refer)

The Chief Nurse advised the committee that he and the CCG's Designated Nurse for Safeguarding Children (Sue Mace) had met with Sheffield Children's NHS Foundation Trust (SCHFT) and separately with Sheffield City Council to discuss the changes in the children's social care arrangements, including the changes in commissioning arrangements for health visitors. He commented that the Multi-Agency Safeguarding Hubs (MASHs) arrangements were, for the CCG, a really positive move as it means that the Named Nurses will be co-located from September with police and council staff, based at the police headquarters at Snig Hill. They would also be reviewing the access into social care (integrated Front Door), with Sue Mace representing the CCG in those discussions.

c) Care Homes and Domiciliary Providers: Quality in Care Homes Quarter 4 report (minute 17/15(iv)(a) refers)

The Chair of Healthwatch Sheffield presented Appendix 1 to the Minutes: A Brief Synthesis of Six 'Enter and View' Visits to Care Homes carried out between February and June 2015. She advised the committee that they had targeted Green rated care homes to add value to the system, as they were supposed to be competent and reasonable places.

The Chair commented that she had found this a useful summary report but it would have been useful if the report had given an indication of where the homes were based. The Chief Nurse reported that his team were discussing with Healthwatch as to how they could make this information more meaningful. The Chair of Healthwatch advised that the recommendations had been sent in more detail to the respective homes, and reported that they carry out the visit, draft a report, and provide 21 days for the home to respond on accuracy of detail, etc. This was for their own learning and for each of their meeting representatives or those who act on their behalf. They were not being commissioned by anyone to undertake these visits so it was them who owned the actions. They share the learning with Sheffield CCG, meet with the Chief Nurse on a fairly regular basis, have relationships with the Local Authority so it gets fed into the contracting process and key messages are something that she would share with Sheffield City Council's Corporate Performance Manager, who is responsible for commissioning. There should be a process in place in the future to

follow up and revisit a home after a period of time, to see if the recommendations have been taken up.

The Deputy Chief Nurse advised the committee that the CCG also has a team that undertakes routine inspections and that joint working and follow up should be joined up with Healthwatch.

The Committee agreed to have a further discussion at the next meeting about the need for a process for sharing good practice.

d) Internal Audit of NHS 111 Arrangements (minute 21/15 refers)

The Chief Nurse advised that he had received assurance from Doncaster CCG that they presented their urgent care dashboard to their Governing Body to show how governance arrangements were being addressed.

28/15 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 1 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) CQC Inspection

The Chief Nurse tabled a paper that gave detailed information of YAS's Quality Summit of the Care Quality Commission (CQC) inspection carried out in January 2015, that he had attended on behalf of all the Yorkshire and Humber CCGs and the Chair of Healthwatch Sheffield had attended on behalf of all the Healthwatch's. The key headline was that they had found YAS still with significant concerns and in need of improvement, but it was an improved position on their last inspection and nearer to good than they had been but not close to good. They were also found to be Good in terms of caring but adequate or lacking in terms of safety. He advised the committee that the tabled report was now in the public domain and would be presented to all 23 CCGs' Governing Bodies or Quality Assurance Committees.

The Chief Nurse advised that the summit had not really added much, beyond giving a high level verbatim presentation of the report. The Chair of Healthwatch advised that the Head of the CQC had started off by saying that YAS required a lot of improvement and were one level away from being Good.

The Chair asked about the delay in the CQC's report being published and why it had contained so many factual inaccuracies, which had been challenged by YAS. She commented that it was not a worry free report and inspection and reminded members that she had reported before to Governing Body about the CQC's delays in reporting and the risks that this raised, both to their own reputation and to the organisation. Again, this was a key message back to Governing Body.

The Chief Nurse advised the committee that a quality forum has been established, set up at a senior level and led by Wakefield CCG, supported by him and the Chief Nurse at East Riding CCG. The forum had been meeting quarterly but would be doubling that up to meet every six weeks from now on until YAS's action plan was complete, which should be done within six weeks. He reported that YAS have to send an action plan to the CQC within four weeks of receiving the report covering the must be done issues, which then needs to include the should be done areas and has to be signed off within six weeks.

b) YAS 999

The Senior Quality Manager – Urgent and Primary Care advised the committee that there had been little improvement in performance since the last quarter. Compliance rates against the clinical quality indicators were looking positive but performance against the key performance indicators in terms of response rates was not very good. The issue of vehicle cleanliness would be raised with them on 1 September as this was another area that had not improved.

c) YAS Patient Transport Services (PTS)

A meeting had taken place with them earlier in the week as performance had declined consistently since the beginning of the year. We had based their 2015/16 performance targets on 2013/14 which had shown a generally upward trend, but had been on a downward trend ever since. At a recent meeting with them they had had all sorts of excuses why their performance was not improving, which included that the CCG could not fund for them to meet the KPIs so they had pulled that funding at the start of the year, and this explained why they had no commitment to improve. She reported that two weeks ago they had been issued with a contract query notice about getting patients to their appointments on time and getting them out on time, which were the two most important elements we wanted them to focus on. We were now awaiting their remedial action plan.

The Chair asked if YAS was saying that their under performance was related to inappropriate demand or usage of the system. The Senior Quality Manager advised that demand in activity was down, however, the number of bariatric patients requiring larger vehicles had risen but there was not a sufficient number available. The

Chair of Healthwatch reported that YAS had advised at the summit that most of these patients could be managed on normal vehicles, and had also accepted that most of their fleet was old and have too much downtime due to this old stock. The Chief Nurse advised that the trust's Chief Executive had confirmed that 110 new vehicles would be coming into the service.

The Senior Quality Manager advised that both organisations were aware that the PTS contract was due to run out in March / April 2016 and a paper had been presented to the CCG's Commissioning Executive Team (CET) the previous week on the direction of travel. The paper had been written in a way that it could be presented to all South Yorkshire CCG Governing Bodies. She also advised the committee that when we challenge the trust on this, especially as we had set the targets with them at the beginning of the year, they were saying that South Yorkshire targets were the hardest to achieve in the region. The CCG Governing Body GP Quality Lead commented that it was a worrying trend in so many other situations, either historical or otherwise, that organisations were being seen to either fail or not fulfil their contracts.

The Committee asked the Chair to raise these concerns with the Governing Body.

d) 111

The Senior Quality Manager advised the committee that performance remained static in that they had the usual problems with call transfer rates and were predicting that they would not meet the Key Performance Indicators (KPIs) as they had been underfunded this year. This would be discussed further at the South Yorkshire and Bassetlaw 111 meeting on 9 September.

e) Arriva Transport Services Ltd (ATSL)

The Senior Quality Manager advised the committee that Arriva had had the biggest turnaround in performance that we had seen, which was very encouraging and, as a result, we had no concerns. Their targets were really high and had performed at 87% and upward for the past few months. Overall, general performance in terms of quality and engagement was good.

f) City Taxis

The committee was assured that the service provided by city taxis was excellent, in particular performing at 99% on transfers of renal patients. The Chief Nurse had been advised that YAS was not a good performer against this target, which was reflected in patient feedback on Patient Opinion.

The Senior Quality Manager advised the committee that Sheffield CCG had held a transport summit for all its providers. A discussion

at the System Resilience Group (SRG) had taken place regarding the release of funds to fund a central transport hub was being considered.

The Chair advised that she would be attending a meeting of Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) the following week, when this would be discussed.

AF

The Quality Assurance Committee received and noted the report.

The Chair asked that, in future, if this report could be retitled as Patient Transport Services as it reported on all PTS providers, not just YAS.

SB

ii General Practice

Update on CQC Visits to Sheffield Practices

The Senior Quality Manager - Urgent and Primary Care tabled a paper that provided members with an update on the six visits that had been undertaken so far, including a rating from the CQC and areas for improvement. She advised that the full reports were in the public domain. The Chief Nurse advised the committee that the CQC's visit to Westfield Health had been delayed to give their new providers time to settle in, and the visit would now take place week commencing 31 August.

The Senior Quality Manager - Urgent and Primary Care also advised the committee that practices had been experiencing problems with clinical waste and sharps bins collections. The Chief Nurse advised that he had discussed this with NHS England earlier in the week and reported that the problem was due to a division of responsibility between Sheffield City Council and NHS England who were both due to meet this week.

The Chief Nurse advised that for the GP contractors, the process had been highly unsuccessful as NHS England contracts with them but the CQC liaised with the CCGs and did not feedback to either on their findings in advance of reports being published

The Chair of Healthwatch advised the committee that they had just started to undertake a series of enter and view visits to GP practices, with a focus on access issues, and would report back to members in due course. She reported that some practices did not seem to be aware of these visits and, as a result, Healthwatch had been reported to the General Medical Council (GMC) who had taken it up with Healthwatch England. She would also be meeting with the Local Medical Committee (LMC) the following week.

MC

MC

The Committee received and noted the report and update.

(iii) Quality Dashboard Summary Quarter 1 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 1 2014/15.

She advised the committee that her team was experimenting with the RAG ratings now and using those commonly used in the CCG (purely for internal monitoring), which included Blue (fully completed and unlikely to change). Pie charts had also been included for members to see the totality of performance, although the team would be concentrating on those areas reported as Red / Amber. The Senior Quality Manager, Commissioning explained that there were some anomalies within the system at the moment and that there were other areas not covered in the report, but which were reported to Governing Body.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

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

Amber Indicators

The main concern was about their incident reporting and us receiving timely reports. Although performance was reported at 87% reported within 2 days, there were other factors that were concerning, including the quality of the reports and we are taking appropriate action, including escalation where necessary.

She reminded members that details of training and appraisal had been circulated to them following the QAC meeting in May and reported that this was the first time this year that we had received data. We were seeing an improvement and were satisfied that they were performing just under their target of 70%.

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

The Senior Quality Manager – Commissioning highlighted key performance issues.

Red Indicators

Although reporting of Serious Incidents and applicable Nationally Specified Events 'Never Events' was showing as Red, their incident reporting performance had not deteriorated as they were now dealing with much smaller numbers. There were a small number of

overdue reports which were now down into single figures, and the direction of travel was good but looked worse on paper than it actually was.

Amber Indicators

We have an issue with the trust around staff training and appraisal in that we were still awaiting their Quarter 1 position. We had seen their annual report and understand where the focus is on, which we would review with them at the next review meeting taking place on 17 September.

The CCG Governing Body GP Quality Lead raised concerns about there being no reports on whether or not initial physical health checks were being routinely carried out as it was a known trust quality priority. He asked if this could be due to patients not attending for checks or if the checks were difficult to carry out. The Senior Quality Manager – Commissioning explained that it was probably a bit of both but they were not reporting this in the reports they were producing and there was supposed to be a health check carried out on admission to their facilities which was not being done comprehensively. He reported that there was a CQUIN built in around this this year.

The Chair asked that, for future reports, in the mixed sex accommodation, if it could be reported that where reports to residential homes had taken place, this could be referenced as such.

TM

With regard to the trust's performance on staff training and appraisal, the Chair of Healthwatch asked if data was available on a directorate basis as she would be interested to see if they have an inconsistency of performance across the directorates. The Senior Quality Manager – Commissioning responded that we did not have the actual breakdown of data at this stage. The Chief Nurse commented that we wanted them to take some ownership of this and that it was for them to do as they had the resource to do this and we would expect them to have plans in place. It was for them to hold themselves to account at an individual directorate level but for us to hold them to account at an organisational level.

The Chair advised the committee that she would suggest to Governing Body that this be discussed at a future board to board meeting with the trust.

AF

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

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

Red Indicators

Cost Improvement Programme (CIP): With regard to the trust's July finance report saying that they had a shortfall of £908k for the first quarter against the planned £1,736k, the Senior Quality Manager – Commissioning advised the committee the CCG's interest in this was whether it was impacting on quality and the shortfall might be because they were trying to maintain quality. We were monitoring the position on this.

Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs): We have raised concerns again about not having assurance that they were compliant with the requirements of the MCA, them not submitting any data and only being at the planning stage of the MCA audit. The Chair agreed to raise this with Governing Body.

AF

Amber Indicators

The Chair raised concerns about the trust not being engaged in the KPIs at present for safeguarding adults / domestic abuse. The Chief Nurse advised the committee that this would be addressed once the trust's new Director of Nursing was in post.

The Senior Quality Manager – Commissioning also advised the committee that staffing shortages had been identified in some areas that were being addressed as part of the national shortage of paediatric nurses. This would have an impact as there was only so much 'shuffling' around you can do. The Chief Nurse commented that part of this problem was that the trust was using workforce planning it had done several years ago on what it wanted to do now.

Finally, the Chief Nurse advised the commented that he hoped to be part of the induction for the trust's new Director of Nursing, and would be meeting her bi-monthly as he currently does with all trust Directors of Nursing. The Chair of Health asked if she would be able to be included as part of this induction session.

KeC

d) Independent Providers

The Deputy Chief Nurse advised the committee that the main concern related to training and appraisal of staff at Claremont, currently underperforming at 63% compared to their target of 100%.

Finally, members were asked to give any feedback on the new approach to performing reporting to the Deputy Chief Nurse / Senior Quality Manager – Commissioning.

All to note

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

(iv) Care Homes and Domiciliary Providers

a) Quality in Care Homes Quarter 1 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.

Two homes were rated as Red, one as Amber, three as Purple and 124 as Green. Both homes rated as Red had ongoing investigations, one of which still had a suspension of placements.

The Chair of Healthwatch asked the Chief Nurse if he had any feedback on a care home her colleague had spoken to him about. The Chief Nurse responded that this feedback would be given as part of the Quarter 2 report.

The Chair asked about one of the priorities for Quarter 2 to work with the Local Authority to develop self-assessment criteria for homes. The Deputy Chief Nurse advised that this would be ongoing as it related to Quarter 2. She did not know about the role of Healthwatch in this but could seek to clarify this. The Chief Nurse reported that continuing health care processes was included on the internal audit plan this year as a non Opinioned piece of work, subject to agreement with the CCG's Audit and Integrated Governance Committee Chair and Director of Finance.

The Committee received and noted the report.

b) Domiciliary Providers' Quarter 1 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.

She explained that the reason why Comfort Call (which was rated as Amber) was still reported as inadequate overall by the CQC was due to the lateness of the CQC reports following inspection, which did create problems for a number of organisations across a lot of areas.

The Chair raised concerns about the Local Authority now providing monthly information sharing reports instead of the weekly activity monitoring reports it used to provide which, she commented, was really worrying and had been done without the CCG's knowledge or agreement. The Chief Nurse advised that he had raised this with them about one person making this unilateral decision and about them saying, without any discussion with the CCG, that they were going to recommission domiciliary services. This would now be taken forward in partnership with the CCG.

The Committee endorsed the activity for Quarter 1.

JH

29/15 | Clinical Effectiveness

i) Clinical Audit and Effectiveness Annual Report 2014/15

Bev Ryton, Clinical Audit and Effectiveness Manager, was in attendance for this item. She presented this report which provided members with a year end position for 2014-15 for providers against the agreed Clinical Audit and Effectiveness Priority Programme and an update on the CCG's activity on clinical audit and effectiveness. She drew the committee's attention to the key highlights.

We develop our programme from the national programme, with 67 included on our priority programme, most of which related to STHFT. We review the quality accounts coming through to the CCG to make sure we have the right intelligence.

The programme is made up of the National Institute for Health and Care Excellence (NICE) Technology Appraisals (TA), Quality Standards (QS), Clinical Guidelines (CG including NICE Guidelines NG) and Public Health guidance (PH). Eighty nine pieces of new NICE guidance had been received during the year which had been added to the monitoring spreadsheets, and then circulated to providers on a quarterly basis for a progress update.

Quality standards had also been agreed in line with our clinical directors and portfolio leads. We also receive updates and feedback at our Area Prescribing Group meetings.

Section 4 provided information about the CCG's Clinical Audit and Effectiveness Team, activity on what they are doing and what they have done, including being involved in, and leading on, a number of national consultations.

Section 5 included a list of further developments for 2015/16, including looking at how we perform against the NICE quality standards, continuing to work with independent contractors to encourage more joined up working on clinical audit projects across the city, and going through the process and agreeing quality standards and how we were going to monitor these.

The Chair asked if the programme management approach, which was relatively new, was working out and if both processes came together and added value. The Clinical Audit and Effectiveness Manager responded that it was working really well and bringing different types of evidence into the process. The Clinical Director Children and Young People commented that she was more aware of what was going on and it was easier to find out what was happening and to tie in with the other portfolios and the Department of Health.

The Deputy Chief Nurse thanked the Clinical Audit and Effectiveness Manager and her team for the amount of work they

had undertaken. She also commented that the Clinical Audit team advised the PMO on best practice and helped out with the key performance and quality indicators to work out what should be done.

The Committee noted and approved the Clinical Audit and Effectiveness Annual report for 2014-15.

30/15 Patient Experience

a) Patient Experience Strategy 2015/19 and Action Plan 2015/16

The Deputy Chief Nurse presented this report which outlined our requirements and duties as a CCG, set out the CCG's ambition to ensure that patient experience was the key driver for improving services and that this feedback was triangulated with other quality data to identify performance in relation to the quality of commissioned services, and set out objectives for the year. The strategy would be presented to Governing Body for information once approved by the committee.

She advised the committee that the strategy was also supported by an action plan that was being developed and would be presented to the next meeting. The CCG's Patient Experience and Engagement Group (PEEG) would be involved in monitoring the action plan.

JH

Members were asked to feedback any final comments to the Deputy Chief Nurse within the next week.

All to note

The Chair would mention this as part of her feedback to Governing Body on 3 September.

AF

The Committee approved the strategy, subject to any final amendments.

The Deputy Chief Nurse left the meeting at this stage.

b) Feedback from Patient Opinion Exceptions Report

The 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 and highlighted general concerns.

He advised the committee that we were using Patient Opinion more internally, including sending stories that come in to the senior quality manager and starting to respond ourselves where appropriate, as well as the provider, as well as going back to the provider where we had concerns.

The Chair commented that she preferred the format of this report to

the previous format, but it was only a tiny data source for patient experience and feedback and just one of many. The Chief Nurse advised that we give the patient the opportunity to give us more detail and use it to triangulate other responses (ie from the Family and Friends test and from feedback from Healthwatch).

The CCG Governing Body GP Quality Lead commented that one of the most difficult things was to contextualise this. It needed to be in perspective as to the number of patient appointments that were made, both in general practice and provider trusts. The Chair advised that this feedback enables us to understand the range of information that we get and for us to use it proactively, and everything has context or provisos with it.

The Committee received and noted the report.

31/15 Policies and Strategies for Approval

a) CCG Policy for the Management of Serious Incidents

The Senior Quality Manager – Commissioning presented this policy. He had no particular issues to raise. The Chair of Healthwatch asked if the impacts on the nine protected characteristics on the equality impact assessment could be changed from a negative to a neutral impact.

TM

The Committee approved the policy, subject to the amendment being made, as noted above.

b) CHC and Funded Nursing Care Appeal Procedure

The Chief Nurse presented this policy and advised that it was a policy that was due for renewal, with the only material change being a slight change in framework, and the setting out of a time constraint in terms of process.

The Chair of Healthwatch asked how people were advised of the time limit of six months to log an appeal. The Chief Nurse explained that all letters that were sent out included this time limit and / or explained verbally. He reported that we had had only one issue where someone had tried to claim exceptionality, which we had not accepted.

The Committee approved the policy.

c) Commissioning for Quality Strategy Action Plan Quarter 1 Update

The Chief Nurse advised the committee that, at the moment, the updated plan was just an initial position and it would be sent back to the plan's leads to make sure they provided an update. A formal position and update would be presented to the next meeting.

JH

The Committee received and noted the report.

32/15 Medicines Safety

i) Quarterly Report on Controlled Drugs

The Chair 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 June 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 1 Report

The Chair presented this report which informed the Committee of the matters considered at the Medicines Safety Group (MSG) meetings held on 7 May and 22 July 2015.

The Committee received and noted the report.

iii) CQUIN Annual Report 2014/15

The Chair presented this report which described performance of the CCG CQUIN Scheme for 2014/15.

The Committee received and noted the report.

33/15 Review of Quality Assurance Committee Terms of Reference

The Chair presented the proposed revised Terms of Reference.

Following discussion, the committee agreed:

- That to avoid future quoracy problems, there needed to be a second GP member but it would be for Governing Body to nominate that person.
- That the job title of the clinical director be changed to Medical Director or nominated deputy). Dr Edney advised the committee that there may be times when one of the CCG's five Clinical Directors would attend committee meetings on the Medical Director's behalf.

The Chair would discuss the above proposed changes with the Governing Body.

AF

34/15 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 and the number of inaccuracies included in reports
- The Committee's concerns about YAS patient transport service and the fact they do not appear to be committed to delivering the quality of their key performance indicators. The Committee also noted that there had been parallel discussions at the Commissioning Executive Team.
- The Committee's concerns for some time about SCHFT regarding their approach to MCA and DOLs and them not engaging in domestic abuse and safeguarding training, but hoped they would see some changes shortly.
- The national issue about workforce planning with the system not being able to cope with the lack of specialist nurses for children.
- The Committee's concerns about the CCG's partnership working with the Local Authority – we need to be in partnership in all areas we work together on
- The Patient Experience Strategy will be presented to Governing Body for noting in October.
- The Patient Experience and Engagement Group would be monitoring progress with the Patient Experience Strategy 2015/19 and Action Plan 2015/16.
- Proposed changes to the membership of the Committee

35/15 Any Other Business

There was no further business to discuss this month.

36/15 Date and Time of Next Meeting

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