

**Unadopted Minutes of the Quality Assurance Committee meeting
held on Friday 26 August 2016, 1.30 – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Item 22g

Present:

Amanda Forrest, Lay Member (Chair)
Penny Brooks, Chief Nurse
Kevin Clifford, Chief Nurse
Dr Amir Afzal, CCG Governing Body GP Quality Lead
Dr Devaka Fernando, Secondary Care Doctor
Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Medical Director
Dr Marion Sloan, CCG Governing Body GP

In attendance:

Karen Shaw, PA to Chair and Accountable Officer, NHS Sheffield CCG
Janet Beardsley, Senior Quality Manager
Hilary Fitzgerald, Specialist Assurance Assistant Manager 360 Assurance
Tony Moore, Senior Quality Manager, Commissioning
Sarah Neil, Quality Manager, Patient Experience
Maggie Sherlock, Quality Manager
Jo Harrison, Quality Manager, Deprivation of Liberty (Item 20/16)
Beverley Ryton, Clinical Audit and Effectiveness Manager (Item 24/16, 25/16)

ACTION

12/16 Apologies for Absence

Apologies for absence had been received from Sue Berry, Senior Quality Manager, Urgent and Primary Care, Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance, Tim Furness, Director of Delivery.

The Chair welcomed Hilary Fitzgerald, Specialist Assurance Assistant Manager 360 Assurance and Penny Brooks, Chief Nurse, to their first meeting of the Committee. Kevin Clifford retires today and the Committee noted this and the Chair thanked him for his professionalism and commitment during his tenure on the Committee.

As no representative from Healthwatch was present at the meeting, and no apologies had been received, the Chair agreed to write to the Chair of Healthwatch regarding its representation on the Committee.

AF

13/16 Declarations of Interest

Hilary Fitzgerald offered a declaration of interest as her husband is a GP in Sheffield.

There were no declarations of interest in relation to agenda items being discussed at today's meeting.

14/16 Minutes of the Meeting held on 6 May 2016

The minutes of the meeting held on 6 May 2016 were agreed as a correct record.

15/16 Matters Arising / Actions

a) Minute 04/16 (a) and 15/16 (a) – Named Deputy for the GP Quality Lead on the QAC

The Chair set the context regarding the membership for the committee and said that the committee needed two GP representatives as she considered having only one GP to be a risk to quoracy.

The Chair said that she was aware of the review of the roles and responsibilities for Governing Body members currently being undertaken and she would speak to the Chair/Accountable Officer to progress this issue, specifically regarding Dr Afzal.

AF

b) Minute 04/16 (d) and 15/16 (c) – Sheffield Children's NHS Foundation Trust

The Chair had previously agreed with a non-executive Director at Sheffield Children's NHS Foundation Trust that a joint Quality Committee should be held between the Trust and the CCG. However, the non-executive who the Chair had been engaged with had now left the organisation and at this point in time the Trust were unwilling to now agree to a joint Committee meeting.

c) Minute 10/16 and 15/16 (f) – Implications for the Committee following the Retirement of the CCG's Chief Nurse in August 2016

Penny Brooks advised that she would be working 22.5 hours per week and she and the Deputy Chief Nurse would be reviewing what support would be required going forward to ensure the committee was appropriately supported.

PB/JH

d) Minute 16/16 (i) (a) – Providers' Performance Transport Services – YAS

The Quality Manager advised that the Quality Indicators for Stroke 61 continue to decline across the country. The issue would be picked up via the Contract Management Board.

Dr Fernando joined the meeting.

**e) Minute 16/16 (i) (a) – Providers Performance General Practice
– Update on QCQ visits to Sheffield Practices**

The visits were continuing. There was a discussion regarding primary care commissioning and where quality issues should be reported within the CCG. It was agreed that the Medical Director will speak to the Programme Director for Primary Care to agree.

ZM

f) Patient Experience Feedback from Patient Opinion Exceptions Report (minute 17/16 (i) refers)

The Quality Manager Patient Experience explained to the committee the Moonraker system which she was reviewing with Healthwatch. However, Healthwatch had changed its provider so the issue was still ongoing.

g) Feedback from Patient Opinion Exceptions Report (minute 17/16 (i) refers)

The Quality Manager Patient Experience advised that she was working with Patient Opinion to better understand why people use a secure website to provide their feedback on their experience of the services they use.

She also advised that Sheffield Children's (NHS) Foundation Trust had appointed a new Patient Experience lead.

h) Policies: Individual Funding Requests Policy

This work was ongoing.

i) FTs and Private Providers Quality Dashboard Quarter 4: Summary Care Homes and Domiciliary Providers: CCG Internal Audit review of Quality of Care in Care Homes.

A care home strategy needs to be developed but due to annual leave of key members of staff this had not progressed as expected but it was anticipated that a draft would be available before the next meeting in November.

EH/PW

j) CCG 360 Stakeholder Survey – 2016 Final Report

This would be discussed with core members of the committee at the end of the meeting

16/16 Transport Services Quality Assurance Report

i Transport Services

The Quality Manager updated the committee as follows: -

a) 999

Current performance for 999: Red 1 and 999 is currently meeting the target of 75%. Across Yorkshire and the Humber the target is 68%. Green calls remain a challenge.

b) 111

General performance for 111 had improved over the quarter but there continues to be performance issues with transfer of calls from a call handler directly to a 111 clinical call handler and the clinical call-back times.

c) Arriva Transport Services Ltd (ATSL)

Although extra funding had been made available, Arriva are narrowly failing to meet three of the four KPIs but urgent KPIs were being achieved in Quarter 1. Performance was being monitored through routine contract monitoring meetings

The committee received and noted the update.

17/16 Quality Monitoring of Locally Commissioned Services in General Practice

The Deputy Chief Nurse presented this paper on behalf of Sue Berry, which described the Locally Commissioned Services in general practice and progress made in gaining quality assurance of delivery of their requirements.

There are 15 Locally Commissioned Services in place. In 2016 a decision was made to increase the number of audits conducted from two to three and consequently of the 15, three were prioritised for clinical audit.

The committee discussed the resources required to complete the audits and agreed that existing data should be used whenever possible.

Following the discussion the Chair agreed to continue with the quality monitoring of the LCS but noted that there would need to be conversations in terms of our strategic direction and there needed to be an opportunity to feedback through the portfolios to seek assurance that any actions were being completed.

The committee received and noted the report and agreed that a paper be brought back to the Committee in six months as the committee would need assurance that available data is being used where possible and that quality messages are fed back to Portfolios.

JH/SB

18/16 Overview of CQC Ratings for General Practice

The Quality Manager presented this paper which provided an update on the CQC performance of the general practices within Sheffield CCG.

The paper reported a dashboard providing an overview of the CQC ratings, incorporating trends and themes of non-compliance, the level of support offered to the practices by the CCG Quality team when the practices had been assessed and rated as either 'inadequate' or 'requiring improvement' in all five domains. The CCG Quality team have been supporting practices ensuring that the practices' action plans meet the requirements identified in the CQC report and this has been welcomed by the practices.

The committee discussed and agreed that the learning from the CQC visits should be fed into the Primary Care co- commissioning group and any stories of success should be celebrated.

The committee received and noted the report.

The Clinical Audit and Effectiveness Manager and the Quality Manager, Deprivation of Liberty joined the meeting.

19/16 Quality Dashboard Summary Quarter 1 2016/17

The Deputy Chief Nurse presented this report 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, 2016/17.

a) Sheffield Teaching Hospitals Foundation Trust (STHFT)

The Deputy Chief Nurse advised the committee that the final report following the CQC visit in December 2015 had now been published and the Trust had scored 'Good' overall. Some issues had been highlighted around Western Park and End of Life Care, and these would be monitored through the Healthcare Governance Committee.

With regard to the quality standards, there was 1 Red and 3 Amber incidents.

The red indicator related to the logging of serious incidents where there was a backlog in terms of closing the SI's. This has now improved and a number of closures have taken place. The three amber indicators related to the regulatory or supervisory body/accreditation reviews, MRSA infections and patient safety incidents. Of concern was the MRSA infection as two MRSA Bacteraemia were assigned to STH for Quarter 1 and there was a suspected further case yet to be reported. Last year no MRSA

bacteraemia cases occurred.

The Chief Nurse also stated that the Trust has not fully met the requirements for the national SI Framework, and this had been the case since the framework was published. There had been an agreement with the Chief Nurse and Medical Director that the Trusts processes were robust but Kevin Clifford had asked that this deviation from the framework be agreed at Board level. A paper had been produced by STH for Governing Body in October and a Sandi Carman had agreed to present this, however Sandi is now taking a new role in the trust. AF wanted this committee to form a view on the paper before it went to GB. JH would circulate the paper from STH to core members of this committee.

JH

Post meeting note: This has been circulated.

The Chair recommended that the paper should not be supported.

The Chief Nurse also highlighted that the CCG was still awaiting the external review of Cardiac Surgery that is now 18 months behind schedule. The Chair would highlight to Governing Body that the Committee was not assured about this.

(b) Sheffield Health and Social Care NHS Foundation Trust

The Senior Quality Manager drew the committee's attention to the key performance issues.

There were three Red and six Amber indicators. He highlighted training as a particular area of concern for staff and a Contract Performance Notice had been issued in June.

Regarding regulation, the Clover Group CQC inspection is imminent and the full trust inspection will commence 14th November. The CCG will be providing feedback to the CQC relating to SHSC.

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

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

There was one Red and seven Amber indicators.

The Red indicator related to the Patient Experience Service User Feedback where improvements are required in relation to response times and learning from complaints, FFT response rates and scores and triangulation of data. There had been a lack of significant improvement over a long period of time. The CCG is working with the trust to make improvements.

It was noted that there has been a number of serious incidents reported relating recalling patients for surgery or review. This will be reported to NHS England and has already been reported to CQC.

The CCG team are monitoring this closely and an executive to executive meeting has taken place.

(d) Claremont, Thornbury and St Lukes

The CQUINs applicable for St Luke's, Claremont and Thornbury had been achieved. The Quality Manager highlighted that Regulation at Thornbury had been rated as 'Requires Improvement' and that an Action Plan is being developed.

The committee received and noted the report.

20/16 Deprivation of Liberty (DoL) in the Community Team - Assurance report

The Quality Manager, Deprivation of Liberty, presented this paper which sought to provide assurance that the CCG is acting to meet its statutory requirements, as interpreted by case law, in respect of people subject to a DoL. The report related to service users for whom the CCG directly arranges care i.e. those eligible for continuing healthcare (CHC) or a joint package of care, arranged with Sheffield City Council and relates to those whose care constitutes a deprivation of Liberty.

The Quality Manager highlighted the activity and risks and assured the committee that systems and processes were now in place to manage this activity. The Chair asked if this was sufficiently captured on the risk register and was assured that it was.

It was suggested that a learning lunch be held for staff to inform them of the work around McA/ DoLs.

JoH

21/16 Care Home Quarter 1 2016-17 Exception Report

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

Five homes had a suspension of placements at the end of Quarter 1 and two homes had suspension of placements lifted.

She drew attention to the Safety Huddles initiative being implemented in one of the care homes which was in the risk management escalation process and will be reviewed over the next two months.

The committee received and endorsed the activity for Quarter 1.

22/16 Domiciliary Care and Supported Living Providers Quarter 1 Exception Report

The Deputy Chief Nurse presented this report which was presented to the committee to assure the CCG of the actions taken to manage

risks in relation to domiciliary care and supported living provision, for people eligible for care directly commissioned by the CCG. The report detailed the quality monitoring visits and activity undertaken.

The Chair commented on the deteriorating position of care home provision generally in Sheffield which was considered to be a fundamental issue for the health and social care sector. The Chief Nurse assured the committee that the CCG was doing everything in its power to ensure that provision and standards were maintained but was reliant on the whole health system working together and working within our strategy.

The committee received and noted the report.

23/16 Infection Prevention and Control Annual Report 2015/16

The Deputy Chief Nurse presented this report which detailed the reductions in HCAI that had been made and the performance in Sheffield against standards, targets and national initiatives from April 2015 to March 2016.

It was noted that:-

- C. Difficile targets for Sheffield CCG and SCH were breached;
- The C Difficile target for STH had been achieved;
- MRSA Bacteraemia rates for Sheffield CCG had decreased; STH and SCH had zero cases of MRSA.
- The IPC audit programme in GP Practices had now been completed and a programme of audit for care homes had commenced from March 2016.

The committee received and noted the report

24/16 Clinical Audit and Effectiveness Annual Report 2015-16

The Clinical Audit and Effectiveness Manager presented this report which provided a year end position form 2015/16 for providers against the agreed Clinical Audit and Effectiveness Priority Programme and also provided an update on NHS Sheffield CCG activity on clinical audit and effectiveness.

The committee received and approved the Clinical Audit and Effectiveness Annual Report for 2015/16.

25/16 CQUIN Annual Report 2015/16

The Clinical Audit and Effectiveness Manager presented this report which described the performance of the CCG CQUIN Scheme for 2015/16. She advised that the majority of indicators had been met, however for a number of organisations; some were not or only partly met. The schemes for 2016/17 had been agreed and these were detailed in the report.

The committee received and noted the report.

26/16 Feedback from NHS Choices and Patient Opinion Exceptions Report

The Quality Manager Patient Experience presented this paper which provided information about stories posted on NHS Choices and the Patient Opinion website that give cause for concern about the quality of care provided by services commissioned by NHS Sheffield CCG.

It was noted that there appeared to be an emerging trend around Charles Clifford Dental Hospital which was being monitored. The chair commented that when she had visited A & E there were a number of emergency dental referrals which had been referred by 111 or by the GP and she thought there may be a gap in provision for emergency dental care. Dr Afzal assured the Chair that dentists were on call for Sheffield.

The committee received and noted the report.

27/16 Clinical Audit Policy

The committee approved the policy.

28/16 NICE Implementation Policy

The committee approved the policy.

29/16 NHS Sheffield CCG Safeguarding Policy

The committee approved the policy.

30/16 Policy for the Management of Serious Incidents Reported by Commissioned Service Providers or the Commissioning Function

The committee approved the policy.

31/16 Continuing Healthcare and Funded Nursing Care Appeal Procedure

The committee approved the procedure.

32/16 Quarterly Report on Controlled Drugs

The Deputy Chief Nurse presented this report which updated the committee on the monitoring and incidents reports relating to NHS Sheffield CCG, received and considered at the Controlled Drugs local Intelligence Network held on 9 March 2016 and included:-

- occurrences involving controlled drugs identified via monitoring of ePACT prescribing data

- incidents involving controlled drugs reported to the controlled drugs accountable officer

The Chief Nurse would discuss with the Head of Medicines Management.

PB

The committee received and noted the report.

33/16 Quarterly Report from Medicines Safety Group

The Deputy Chief Nurse presented this report which informed the committee of the matters considered at the Medicines Safety Group meetings held in May and July 2016 and subsequent actions.

The committee received and noted the report.

34/16 Commissioning for Quality Action Plan 2016 -17

The Deputy Chief Nurse presented this report. The Strategy had been agreed in 2015 and the action plan for 2015-16 completed. However, the action plan for 2016/17 had been revised to ensure delivery of the strategy and to improve quality commissioning within the CCG. She emphasised that the CCG has a duty to help and support providers who are not scoring well with CQC to make improvements.

The committee received and noted the report.

35/16 Patient Experience Action Plan 2016 -17

The Quality Manager Patient Experience presented this report which detailed the actions required during 2016 -17 to deliver the strategy and improve patient experience within Sheffield.

The Chair, Deputy Chief Nurse and the Quality Manager, Patient Experience agreed to meet to discuss how this ties into PEEG outside of the meeting.

AF
JH
SN

The committee received and noted the report.

36/16 Review of the Committee 2016

The Chair advised that the committee had previously agreed that a review of the committee would be conducted during the second half of the year, using the framework previously used at the Audit and Integrated Governance Committee.

It was therefore agreed that a short questionnaire would be circulated to core members late October with a 2 week turnaround in order for results to be discussed at the November meeting.

AF CRH

37/16 360 Stakeholder Report

Core members considered the 360 stakeholder survey, in particular regarding how the CCG monitors and reviews the quality of commissioned services.

It was agreed that the committee's views would be taken to Governing Body to consider further.

AF

38/16 Key messages to Governing Body

- Develop more systems to extract data from practices in relation gaining assurance of Locally Commissioned Services
- The Chair of the committee wanted a view from the core members of the committee regarding STH and compliance with the Serious Incidence Framework
- Due to the length of wait for the external review of Cardiac Surgery, the CCG was not assured in relation to this service.
- The committee noted the CCG was still awaiting assurance in relation to the contract performance notice in relation to the SHSCFT's performance of staff training.
- SCHFT had reneged on the discussion to hold a Quality Committee Board to Board
- There is to be an internal investigation of the follow up system and software at Sheffield Children's Hospital.
- Concerns were raised regarding the quality, provision and state of market for care homes in the city and the impact on the CCG's plans.

39/12 Date and time of next meeting

25 November 2016, 1.30 – 3.30 pm

The Deputy Nurse offered her apologies in advance for the next meeting