

Sheffield Clinical Commissioning Group

Minutes of the Quality Assurance Committee meeting
held on Friday 27 November 2015, 1.30 – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall

Item 14e

Present:

Amanda Forrest, Lay Member (Chair)
Dr Devaka Fernando, Secondary Care Doctor (from item 42/15(iii)(a))
Jane Harriman, Deputy Chief Nurse

In attendance:

Sue Berry, Senior Quality Manager, Urgent and Primary Care
Dr Maggie Campbell, Chair, Healthwatch Sheffield
Tim Furness, Director of Delivery (up to item 42/15(i)(b))
Carol Henderson, Committee Administrator / PA to Director of Finance
Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance
Victoria McGregor-Riley, Deputy Director - Operations
Sarah Neil, Quality Manager Patient Experience (shadowing)

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It was noted that the meeting was not quorate until the Secondary Care Doctor arrived for item 42/15(iii)(a) (his anticipated late arrival had been confirmed the day before the meeting), as both he and the designated GP Lead for Quality (who was not in attendance and had not sent his apologies) were not present for the first half of the meeting. Therefore any decisions that were made before the Secondary Care Doctor's arrival would be sent virtually to members for approval and this would be minuted in terms of agreement at the next meeting.

The Chair expressed her deep concern about attendance at the committee, and intended to raise the issue with the CCG's Accountable Officer and Chair. It was unacceptable for the committee to be compromised in this way. She thanked those officers who had prepared hard for the meeting and advised it would go ahead, although any decisions and actions agreed whilst the meeting was not quorate would need to be endorsed by email to the committee members, following the meeting

Post meeting note: No decisions were made during this time.

37/15 Apologies for Absence

Apologies for absence had been received from Kevin Clifford, Chief Nurse

Apologies from those normally in attendance at meetings had been received from Janet Beardsley, Senior Quality Manager, and Tony Moore, Senior Quality Manager, Commissioning

38/15 Declarations of Interest

There were no declarations of interest this month.

39/15 Medicines Safety

i Controlled Drugs Accountable Officer Quarter 2 Report

The Deputy Chief Nurse presented this report. There were no particular issues to draw to the committee's attention this month.

The Committee received and noted the report.

ii Medicines Safety Group Quarter 2 Report

The Deputy Chief Nurse presented this report. There were no particular issues to draw to the committee's attention this month.

The Committee received and noted the report.

iii CCG C.Difficile Action Plan 2015-16

The Deputy Chief Nurse presented this report which, she advised, had been signed off by the CCG's Clinical Directors. She advised the committee that an Antimicrobial Group had been set up at the CCG, Chaired by Dr Andrew McGinty, with a responsibility to monitor this action plan. She reported that although most of the plan was on track to be delivered there were a number of GP audits that were delayed.

iv Commissioning for Quality Action Plan Quarter 2 Update

The Deputy Chief Nurse presented this report. She drew the committee's attention to the action rated Red: Review GP lead for quality within the Clinical Directors, which had been the subject of discussion at the last two Quality Assurance Committee meetings.

The Chair again raised concerns that, months after it had first been raised, the committee had still not got a named deputy for the GP Quality Lead on the committee, and it now felt that most of the members that attended committee meetings were from within the CCG which meant there was little external scrutiny. She reported that she had raised this again at the November Governing Body meetings, and reported that, as yet, she had not received feedback from the review of Governing Body members' roles and responsibilities being undertaken by the CCG Chair and Accountable Officer. The Director of Delivery suggested that the Chair contact them both directly.

The Chair of Healthwatch also raised concerns that, as a clinical commissioning organisation, the CCG was not able to identify another lead for clinical quality. The Medical Director advised that this should really be a GP that was not an employee of the

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organisation and should be a Governing Body GP.

The Deputy Chief Nurse also asked if any of the CCG's Clinical Directors may be able to consider attending Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) quality review meetings. She reported that they were represented at the other provider quality review meetings.

The Chair agreed to raise both of these issues with Governing Body.

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40/15 Minutes of the Meeting held on 28 August 2015

The minutes of the meeting held on 28 August 2015 were agreed as a correct record, subject to the following amendments:

a) Care Homes and Domiciliary providers: Quality in Care Homes Quarter 4 Report (minute 27/15(c) refers)

Final sentence of second paragraph to read as follows:

There should be a process in place in the future for following up to ensure that recommendations have been taken forward.

b) Providers' Performance: Yorkshire Ambulance Service NHS Trust (YAS) Care Quality Commission (CQC) Inspection (minute 28/15((i)(a) refers)

Final sentence of second paragraph to read as follows:

The Chair of Healthwatch advised that the Head of the CQC had started off by saying that YAS was rated as being at the upper end of requiring improvement and were only one level away from being Good.

41/15 Matters Arising / Actions

a) Providers' Performance: City Taxis (minute 28/15(i)(f) refers)

The Chair advised that she would not be raising at STHFT Governors' Council the consideration of the release of funds to fund a central transport hub as this had been discussed before at other meetings.

b) General Practice: Update on CQC Visits to Sheffield Practices (minute 28/15(ii) refers)

The Chair of Healthwatch advised that a couple of visits had taken place. She advised that one practice, that had been unaware that Healthwatch were allowed to undertake this series

of visits, had reported Healthwatch to the General Medical Council (GMC). She had met with the Local Medical Committee (LMC) who was supportive of the visits, including notification of this to practices in their monthly newsletter.

c) Quality Dashboard Summary Quarter 1 Update Sheffield Health and Social Care Trust (minute 28/15(iii)(b) refers)

The Chair advised the committee that she had suggested to Governing Body that the trust's performance on staff training and appraisal be discussed at a future Governing Body to Board meeting with the trust.

d) Quality Dashboard Summary Quarter 1 Update: Sheffield Children's NHS Foundation Trust (SCHFT) (minute 28/15(iii)(c) refers)

The Chair confirmed that she raised with Governing Body the committee's concerns about not having assurance from the trust that they were compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS).

The Chair of Healthwatch reported that the CCG's Chief Nurse had sent her contact details of the trust's new Director of Nursing for her so that she could arrange to meet with her as part of her induction to the organisation.

e) Review of Quality Assurance Committee Terms of Reference (minute 33/15 refers)

This had already been discussed under minute 39/15(iv)

42/15 Providers' Performance

i Transport Services

The Senior Quality Manager – Urgent and Primary Care presented this report which provided an update on the performance of the CCG's transport providers and NHS 111. She drew the committee's attention to the key highlights.

a) Yorkshire Ambulance Service NHS Trust (YAS)

The trust had undergone a CQC visit at the start of the year and the report and action plan from that visit had been received. She reported that they were on track with their plan, including putting in quite robust ambulance cleaning schedules. There were no particular concerns she wanted to draw to the committee's attention and so it was an improving position.

She advised the committee that the trust's sickness levels were

still high, although there had been an improvement on the same period last year.

With regard to complaints, she reported that she had just received a breakdown of complaints by the sub regions, which showed that there had been 15 complaints (Q2 for Sheffield) regarding 999 that related to staff attitude, vehicle cleanliness, Green response times, and driving. There had also been 20 complaints (Q2 for Sheffield) about the emergency operating centre which mainly related to staff attitude the timeliness of the vehicles. This meant that the overall trend was about staff attitude and communication skills and delayed transport and she reported that trust-wide there was a plan to tackle those issues.

The Senior Quality Manager reported that performance had dropped, which we had expected. Last month they had been just about at Red and, given handover times outside A&E, she was surprised that they had performed as well as they had. With regard to quality indicators they were generally doing really well and she reported that Sheffield was the only region to undertake a deep dive on the Stroke Care bundle which actually showed that the delays were not due to YAS but due to access and delivery once within STHFT, and therefore the reality was they were performing very well on this ACQI.

She reported that all the above issues were being managed by the Contract Management Board, led by Wakefield CCG.

Mr Furness left the meeting at this stage.

b) NHS 111

The Senior Quality Manager advised the committee that performance had dipped, which we had expected as they were doing a tranche of recruitment and training ready for the winter period. She reported that although it was taking them longer to answer calls, their call abandoned rate did not seem to be that high and had not breached the 5% threshold as yet. She also advised the committee that NHS 111 had put out a risk statement to say that they would not be as resilient due to the fact that there had been no systems resilience money this year.

She advised the committee that there had been six complaints raised within Sheffield in Quarter 2, some of which related to the perceived purpose of the service. The Chair commented that this may relate to people not knowing what services 111 actually provide.

c) YAS Patient Transport Services (PTS)

The Senior Quality Manager advised the committee that there had been 27 concerns and complaints raised about the service

in South Yorkshire in Quarter 2, not all of which related to staff attitude.

She advised the committee that performance had dropped at the start of the quarter but this month had significantly improved. We were monitoring this very closely and were getting into contract discussions about changing the performance targets.

The Chair reminded the committee that in August they had discussed why the CCG would commission and contract for a poor level of service as we want a high quality service for every patient that uses this service. She reported that this would be fed into the contract negotiation and review meetings.

The Medical Director advised the committee that work was being undertaken to try and formulate discussions between the hospitals and the transport services, especially relating to better patient flow through the hospital from arrival to discharge. The Senior Quality Manager reported that a piece of work had been undertaken on a number of wards the previous year to look at the patient flow through the system and how much time was wasted from patient drop off to pick up. She particularly highlighted cases relating to the drop off of one patient that took 39 minutes, beds not ready so the patient could not be handed over, to patients being picked up and not being ready due to tablets to take out (TTOs) medication not ready, discharge papers not ready and patients not being ready. She reported that this CQUIN was being considered for rolling over to next year and the exercise repeated on different wards.

The Chair of Healthwatch reported that, from the feedback they had received, there were issues when people thought that delays in being picked up were due to their wait for ambulances, but had in fact been due to other factors related to the acute trusts.

d) Arriva Transport Services Limited (ATSL)

The Senior Quality Manager advised the committee that performance had dropped in the last couple of months, although there had been pressures all around the system. She reported that there was an intention to consider issuing them with another contract query.

e) City Taxis

The Senior Quality Manager advised the committee that she had no particular issues to draw to their attention this month, as it was operating within all its key performance indicators (KPIs) and parameters.

ii General Practice: Update on CQC Visits to Sheffield Practices

The Senior Quality Manager gave an oral update and advised the committee that, between 1 October and 11 November 2015, seven visits had taken place, five that had taken place between 11 November up to the date of this meeting, and a further six planned between now and up to the end of January 2016. She advised that all reports so far had been Good, with just one that needed to make minor improvements and one that had needed to change some inappropriate flooring. She reported that the CQC planned to visit each of the CCG's 86 practices before October 2016.

The Chair advised the committee that she had raised at November Governing Body the committee's concerns of the CQC's seeming inability to send out timely reports following visits. The Senior Quality Manager responded that it was hoped that now the CCG had two named individuals who would be consistently undertaking the visits in Sheffield, it was hoped that this position would improve.

The Deputy Chief Nurse reminded the committee that whilst the CCG had an oversight of this, it was currently the role of NHS England, as commissioners of primary care, to make sure that action plans were delivered. Discussions needed to take place as to whether this would fall into the role of the CCG's Primary Care Commissioning Committee if the CCG's request to co-commission primary care at Level 3 was approved.

The Committee received and noted the update.

iii Foundation Trusts and Private Providers' Quality Dashboard Quarter 2 Summary

The Deputy Chief Nurse presented this paper which provided the key highlights of Sheffield providers' performance, detailing the CQC's registration position, quality targets and targets for Quarter 2.

The Secondary Care Doctor joined the meeting at this stage which meant that the meeting was now quorate.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

The CQC's inspection of the trust would begin week commencing 7 December 2015, although would not be visiting on the dates of the junior doctors' strikes or when they were holding focus groups. The CCG had provided balanced feedback to the CQC, which had been collated internally. The Chair asked if she

could have a briefing note on this before her next meeting of STHFT's Governors taking place on 1 December. The Chair also advised the committee that a seminar had been arranged for 26 January for members of the CCG's Executive Team to meet with the trust's Governors for them to gain a better understanding of the role of the CCG and its vision, priorities and approach.

JH

Post meeting note: Briefing paper provided after the QAC meeting.

The Deputy Chief Nurse advised the committee that, in terms of quality, there was a significant issue with serious incident reporting in that the CCG was only receiving 50% of reports within 60 working days. Linked to this there were two serious incidents from cardiology that had been significantly delayed.

She advised the committee that the CCG there were other indicators showing amber but were not currently causing a concern.

On a positive note, she advised the committee that the trust was performing well against infection control targets.

The Chair asked if a separate item on STHFT could be put on the agenda for the next committee meeting, specifically to discuss feedback from the CQC visit and from the seminar taking place on 26 January.

JH(CRH)

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

The Deputy Chief Nurse drew the committee's attention to the key performance issues.

There were two Red indicators that, although were not particularly high risk, have not been resolved as quickly as we would have liked, and so posed a patient safety risk. These were MRSA screening and Serious Incident Reporting. She reported that, because of the concerns the CCG has with the trust, especially around learning disabilities services and CQC inspections, a discussion paper would be presented to the CCG's Commissioning Executive Team (CET) on Tuesday 1st December.

The Chair advised the committee that it was frustrating that there were three different processes going on at the moment relating to concerns about the trust: 1) discussions at the Quality Assurance Committee meeting; 2) the paper being presented to the CET the following weeks and; 3) the trust's Deputy Chief Executive being invited to attend the CCG Governing Body meeting being held in private. She asked that the paper going to

CET could be shared with members of the Governing Body prior to that meeting.

JH

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

The Deputy Chief Nurse drew the committee's attention to the key performance issues.

There were no serious issues to draw the committee's attention to at the moment. The trust was preparing for the Junior doctors' strike, and they had just appointed a new Director of Nursing who had started in post on 1 November.

The Chair reminded the committee that they had previously discussed her and either the Chief Nurse or Deputy Chief Nurse meeting with the trust's new Non Executive Director who was also chair of their Clinical Governance Committee, which it would be useful to do. The Deputy Chief Nurse was asked to follow this up, also inviting Dr Nikki Bates, CCG Governing Body GP and member of the trust's Governors' Council, to join the meeting.

JH

d) Claremont, Thornbury and St Luke's

The Deputy Chief Nurse advised the committee that there were no issues of concern to draw to their attention this month.

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

iv Care Homes and Domiciliary Providers

a) Quality in Care Homes Quarter 2 Report

The Deputy Chief Nurse provided 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 following key issues.

One home was rated as Red, three as Amber, one as Purple and 125 as Green.

One care home in particular had been giving the CCG cause for concern and had been placed on suspension of placements. She reported that, as at 19 November, a number of safeguarding concerns had been reported, with a case conference relating to this taking place on 30 November. She advised the committee that the CCG had been made aware of this care home on a number of occasions but this had usually been in relation to the turnover of new managers.

The Chair of Healthwatch advised the committee that the care

home that she had voiced concerns about to the Chief Nurse at the last meeting now had improvement plans in place that were moving forward.

The Committee received and noted the report.

b) Domiciliary Providers' Quarter 2 Report

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

One home was rated as Red, four as Amber and the rest as Green.

She advised the committee that one provider in particular was causing serious concerns due to staffing levels during August and September which were now recovering, but had been subject to a CQC visit.

A further provider remained a challenge and were now receiving weekly visits. The Chair of Healthwatch advised the committee that the CQC visit report advised that Healthwatch had raised no concerns about the provider, which she reported was not true, however, the CQC had advised that they could not change their report.

The Committee endorsed the activity for Quarter 2.

43/15 Clinical Effectiveness

NHS Sheffield CCG Process for Independent Contractor Audits

The Deputy Chief Nurse presented this report which described a process that would enable the CCG to develop, agree and report progress against independent contractor audits in a collaborative way and to ensure that contracts were supported to improve practices, where appropriate. She advised the committee that the team were proposing a simple internal process (described under Annex 1) as to the best way to be able to feedback audit results from primary care and for the different teams within the CCG to be able to provide input throughout the year.

The Chair commented that the Primary Care Commissioning Committee needed to know that this was taking place. The Senior Quality Manager advised that she was looking at how the process would work as there was currently no workstream / sub group to undertake that operational work and provide feedback to the Primary Care Commissioning Committee, and for the moment the QAC would be given feedback on the operational trends. She also advised the committee that the CCG had recently recruited a Clinical Audit Improvement Facilitator whose

role it would be to help take this piece of work forward.

The Secondary Care Doctor commented that a reporting structure needed to be achieved, and the relevant committees needed to be aware of trends rather than just being given a blanket assurance, and personally would want to be advised as to how targets have been met.

The Deputy Chief Nurse advised the committee that information would start to be presented to the QAC from the March 2016 meeting onwards, even if was just in the way of a short briefing note on the process rather than the outcomes.

The Committee approved the proposed internal CCG process for independent contractor audits and the plans for testing the approach during 2016/17.

44/15 Patient Experience

i Patient Experience Action Plan 2015-16

The Deputy Chief Nurse introduced Sarah Neil, Quality Manager Patient Experience, to the committee. She presented the action plan which identified activities for the CCG to implement in order to deliver the Patient Experience Strategy. She advised that they had tried to give members an up to date position statement, with the Red areas identified the challenges for the CCG, and that Ms Neil would be meeting with the managers identified to work together to develop a patient experience dashboard. The action plan would be presented to the committee on a quarterly basis.

The Chair of Healthwatch asked if the CCG was aware of Healthwatch's new database which would be similar to a 'trip advisor' where people could put in a rating / comment, etc, which she thought might help in terms of developing the dashboard, but which would not be 'live' until the middle of January. She suggested that for the moment the CCG review Birmingham Healthwatch's database, which was 'live'.

JH (SN)

The Chair asked if this database had any link with Patient Opinion. The Chair of Healthwatch advised that the database had been developed by a local Healthwatch, it would be on the front of their website and would be moderated. Her thoughts were that it would be energising for quality in the city. The Chair suggested that members of the committee review the database when it was up and running in Sheffield, including meeting with colleagues from Healthwatch to discuss how it worked, etc. The Deputy Chief Nurse agreed to take this forward with Quality Manager Patient Experience.

JH (SN)

The Committee received and noted the report.

ii Feedback from Patient Opinion Exceptions 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 and highlighted general concerns. She reminded the committee that only a summary could be provided as full details could not be included due to confidentiality, and the CCG would be using it to triangulate other responses from the Family and Friends Test and from feedback from Healthwatch.

She advised the Committee that the Quality Manager Patient Experience would be looking to review the patient experience page of the report to Governing Body that focused on one particular provider each month, and wondered if a focused report might be more helpful for this committee and improve efficiency about reporting. The Chair suggested that, to avoid the risk of duplication, this be discussed by the CCG's Patient Experience and Engagement Group when reviewing their Terms of Reference to establish the role of this group in the management of provider patient experience.

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The Chair would also consider what further information would be useful for members to receive at committee meetings.

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Finally, the Chair would brief the Secondary Care Doctor on the role of Patient Opinion at his induction meeting with her on 10 December.

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The Committee received and noted the report.

46/15 Policies and Strategies for Approval

i A Framework for Good Practice for the Prevention and Management of the Use of Restraint

The Deputy Chief Nurse presented this framework. She advised the committee that it was a city-wide policy led by Sheffield City Council (SCC), with key input from the CCG, and was an update of the previous framework and now included a key change in that secondary prevention has been made more explicit and references have been updated and reflected the new organisations.

The Committee approved the Framework for Good Practice for the Prevention and Management of the Use of Restraint.

ii Update of Non Medical Prescribing Protocol

The Deputy Chief Nurse presented this protocol. She advised the committee that it was an update of the existing protocol and

included a summary of changes on page 2.

The Committee approved the Non Medical Prescribing Protocol.

47/15 Key Messages to Governing Body

The Committee asked the Chair to raise the following issues:

- The Committee has still not had the chance to fully review its Terms of Reference, partly due to a lack of feedback from the review of Governing Body membership input into the organisation. This was now absolutely critical especially as there was now little external scrutiny at committee meetings.
- The Committee's concerns about the three different processes going on at the moment relating to concerns about SHSCFT.
- How the Committee wants consider how it can have a greater focus on patient experience.
- The Committee's focus on STHFT at the next committee meeting in relation to their visit by the CQC.

48/15 Any Other Business

Future Patient Transport Reports to the Committee

The Senior Quality Manager asked if members would like patient transport reports to mirror those of providers' dashboard reports. The Chair suggested to keep reports in their current format but to reconsider this if contracting arrangements started to change.

49/15 Date and Time of Next Meeting

Friday 4 March 2016, 1.30 pm – 3.30 pm, 722 Boardroom