

Sheffield Clinical Commissioning Group

**Minutes of the Quality Assurance Committee meeting
held on Friday 6 May 2016, 1.30 – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Item 22h

Present:

Ms Amanda Forrest, Lay Member (Chair)
Mr Kevin Clifford, Chief Nurse (for part of the meeting)
Mrs Jane Harriman, Deputy Chief Nurse
Dr Zak McMurray, Medical Director
Dr Marion Sloan, CCG Governing Body GP (from item 15/16(b) and up to item 23/16)

In attendance:

Mrs Sue Berry, Senior Quality Manager, Urgent and Primary Care (up to item 18/16)
Rachel Gillott, Deputy Director of Delivery and Performance (on behalf of the Director of Delivery)
Mrs Carol Henderson, Committee Administrator / PA to Director of Finance
Ms Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance (up to item 23/16)
Mr Tony Moore, Senior Quality Manager, Commissioning
Ms Sarah Neil, Quality Manager Patient Experience

ACTION

12/16 Apologies for Absence

Apologies for absence had been received from Dr Amir Afzal, CCG Governing Body GP Quality Lead.

Apologies from those normally in attendance at meetings had been received from Mrs Janet Beardsley, Senior Quality Manager, Mr Tim Furness, Director of Delivery, and Healthwatch Sheffield.

The Chair advised members that core members' attendance at committee meeting had been drawn to the attention of the CCG Chair.

13/16 Declarations of Interest

The Chair declared a conflict of interest in item 5ii(a): update on Care Quality Commission (CQC) visits to Sheffield practices as the practice she was a registered patient with had received a CQC visit and may be discussed during this update. The committee agreed that, as this would be an update on progress with the visits and would therefore they would not be asked to make any decisions, this should not prevent her from participating in the discussion.

There were no further declarations of interest this month.

14/16 Minutes of the Meeting held on 4 March 2016

The minutes of the meeting held on 4 March 2016 were agreed as a correct record.

15/16 Matters Arising / Actions

a) Named Deputy for the GP Quality Lead on the Quality Assurance Committee (QAC) (minute 04/16(a) refers)

The Chair advised members that Dr Marion Sloan, CCG Governing Body GP, had been nominated as named deputy for the GP Quality Lead, and would be joining this meeting shortly.

She also reminded the committee that, at the Audit and Integrated Governance Committee (AIGC) meeting in March, she had discussed the possibility of increasing the membership of the committee to two lay members and, in this respect, would suggest that the four lay members meet to undertake a stocktake of their current roles and responsibilities once the process for recruitment of the second lay member for engagement was complete.

AF

Dr Sloan joined the meeting at this stage.

The Chair welcomed Dr Sloan to the meeting.

b) Proposed Clinical Directors' Attendance at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Quality Review Meetings on Monday Afternoons (minute 04/16(a) refers)

The Medical Director advised the committee that he had spoken to the trust's Medical Director who had advised that he could potentially change the date of these meetings if required, however, he could usually get to these meetings if they were prioritised in his diary.

ZM

The Deputy Chief Nurse reminded the committee that the CCG's portfolio teams had requested more involvement from a quality perspective. The Chief Nurse would take this up outside of the meeting.

KeC

c) Sheffield Children's NHS Foundation Trust (SCHFT) (minute 04/16(d) refers)

The Chair reminded members that she had proposed arranging a joint assurance committee meeting with the trust, which she recognised had been difficult to arrange due to changes at their Board level. She asked the committee administrator if she could follow this up.

CRH

d) Quality in Care Homes Quarter 3 Report (minute 05/16iv(a) refers)

The Chief Nurse advised members that he was not aware of any particular issues or incident that had occurred relating to Sheffield City Council's decision to close Dalewood View Nursing Home on 23 December 2015.

He advised the committee that the capacity in care homes was now lower than it had been for a while due to the closure of three homes due to quality issues and one due to financial issues.

e) Feedback from Patient Opinion Exceptions Report (minute 06/16i refers)

The Medical Director advised members that he had spoken to STHFT's Deputy Medical Director regarding the CCG's concerns about negative feedback posted on Patient Opinion relating to the trust's neurology service. He reported that the Deputy Medical Director had advised him that he was not aware of any issues but raise these within the trust.

f) Implications for the Committee following the Retirement of the CCG's Chief Nurse in August 2016 (minute 10/16 refers)

The Chair advised the committee that an appointment to the Chief Nurse post had been made on a part time basis (three days per week) with effect from 1 September 2016. She advised the committee that she would schedule some time in the diary with the CCG's Accountable Officer to discuss this, specifically around any implications this may have for the committee.

AF (CRH)

16/16 Providers' Performance

I Transport Services

The Chair advised the committee that a discussion had taken place at Governing Body the previous day relating to the review and procurement of Patient Transport Services (PTS) and the new governance arrangements for ambulance services contract management.

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 Senior Quality Manager advised the committee that year to date for Yorkshire and Humber YAS were not achieving their targets for Red 1s. Plans were in place to address these managed through the Y&H Regional Contract Management Board (CMB).

There had been a slight drop in performance against Ambulance Quality Indicators in the past month for Stroke 60 bundle of care and STEMI 150 and for some of the other indicators. However, the clinical quality indicators, when looked at against the national trend of ambulance performance, were not far away from the average. The Senior Quality Manager would raise this issue with the regional lead commissioner.

SB

The Chief Nurse advised the committee that work was going on nationally at NHS England looking at whether there was any way that triaging arrangements could be changed so they could better triage to the right category. He reported that YAS had committed to trialling this, although it was too early to be able to say if this was going to make a difference.

b) NHS111

The Senior Quality Manager advised the committee that there had been problems over the Easter period, compounded by West Yorkshire out of hours services. This had led to a communication escalation to all the out of hours services to ask them to proactively take calls off the stack earlier, with our service one of the few that had agreed to take these calls earlier to help the system. She reported that West Yorkshire had recorded this as a serious incident, for which terms of reference for the review had been agreed.

c) YAS Patient Transport Services (PTS)

The Senior Quality Manager advised the committee that, although performance had dipped and they were not achieving the contracted key performance indicators (KPIs) compared to the same last year, it had improved to the extent that, if performance continued to improve along the trajectory of February's KPIs, then the contract query would be lifted.

The Deputy Director of Delivery and Performance asked if the same level of sympathy / empathy would be applied to other providers. The Chief Nurse explained that to date we had never sympathised with either YAS or 111.

d) Arriva Transport Services Ltd (ATSL)

The Senior Quality Manager advised the committee that, although additional funding had been put in place over the winter period through the Systems Resilience Group (SRG), they were still failing to meet several KPI targets, including GP Urgent referrals through the single point of access (SPA). This was being monitored through the CCG's contract management group.

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.

The Committee received and noted the update.

The Chief Nurse left the meeting at this stage.

ii General Practice

a) Update on CQC Visits to Sheffield Practices

The Senior Quality Manager, Urgent and Primary Care gave an oral update and advised the committee that, to date there had been 30 inspections, 27 of which had been rated as Good, two which overall required improvement, and one that had been rated as Inadequate. From the five Key Lines of Enquiry (KLOE) there were requirements to improve

in the following areas: safe services (eight practices), Effective service (one practice), Responsive Service (one practice) and Well-Led service (three practices) . Two practices had elements that were graded as outstanding. She advised the committee that 14 further inspections were planned to take place soon.

The Chair questioned what the respective QAC and Primary Care Commissioning Committee's (PCCC) roles were in relation to these visits.

The Senior Quality Manager, Commissioning commented that the QAC's role was to give a quality overview. The Deputy Chief Nurse commented that the CCG has a slightly different role with practices as its role is to provide them with support.

The Senior Quality Manager, Urgent and Primary Care advised the committee that the CCG had established PCCC Operational and Strategic Groups which may also have a role.

The Chair suggested that members may find it useful to seek clarification on this from the CCG Programme Director, Medical Director and Senior Quality Manager, Urgent and Primary Care.

**SB/KeC/
ZM /All to
note**

The Deputy Director Delivery and Performance asked if the committee would seek further assurance if a practice had been rated as inadequate or requiring improvement that all actions were being addressed. The Specialist Assurance Manager, 360 Assurance, commented that the committee should request assurance that the other committees / sub groups noted above were taking this forward.

The Deputy Chief Nurse advised the committee that the QAC did have a responsibility to receive assurance regarding the Locally Commissioned Services (LCS), for which a report would be presented to them in August.

The Committee received and noted the update.

iii Foundation Trusts and Private Providers' Quality Dashboard Quarter 4 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 4.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

The Deputy Chief Nurse advised the committee that there was one Red and three Amber Indicators, which were detailed below.

Red Indicator: Although performance with the reporting of serious incidents within two working days, reports received within 60 days, and quality of reports had improved, responses to queries raised had not.

Amber Indicators: There had been one case of MRSA this year and the

updated action plan on the trust's compliance with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) still needed to be provided.

An update on the regulation of quality and the draft report received by the Care Quality Commission (CQC) would be given under minute 21/16).

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

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

There were two Red and eight Amber indicators. The Red indicators related to performance against targets for MRSA screening for admissions and reporting of Serious Incidents (SIs). He reported that there had been a gradual improvement in MRSA screening performance, but there were ongoing problems in trying to get their system to be more reactive for reporting SIs, relating to resources in the team.

With regard to the Amber Indicators, he advised the committee that some elements of the action plan from the Care Quality Commission (CQC) visit in 2015 were still not on track. A further unannounced visit had taken place earlier in the week, which had included some repeat visits to several locations.

There were also issues regarding training, which we had initially attributed to unreliable data from the trust but, since rectifying this, performance was still poor.

The Chair advised the committee that there was currently some upheaval within the trust due to Board level changes, which could lead to several months in getting performance back on track.

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

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

There were nine Amber indicators. The key issues were summarised as:

- A CQC visit was planned for June 2016.
- We had not received any assurance that the regulatory or supervisory body / accreditation reviews indicator was being achieved, which it was hoped would be addressed through the rearrangement of their clinical governance committee.
- Clostridium Difficile (C.Diff) targets had been breached by five cases this year, which was being managed via the contracting process.
- The trust's hand hygiene audits needed improvement, which would be reviewed during the next quarter.
- Performance on agreed admissions screening for MRSA had dipped to 88% in the High Dependency Unit (HDU) in Quarter 3, which we continued to monitor closely.
- The trust's new Chief Nurse would be addressing the systems and

processes that were in place to meet the requirements of Duty of Candour.

- More work was required on the trust's complaints reporting. The Chair advised that this had been one of the issues that had been raised at a Governing Body meeting with the trust's non executive directors.

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 except for a staffing issue at Thornbury relating to the departure of an infection control nurse which meant the CCG was not now receiving reports. This would be rectified in the next quarter.

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

To be continued under minute 21/16.

17/16 Patient Experience

i Feedback from Patient Opinion Exceptions Report

The Quality Manager Patient Experience 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 drew the committee's attention to the key highlights.

There had been an increase in patient stories about rheumatology and A&E. With regard to neurology and the number of negative comments noted at the previous meeting, she advised the committee that she had looked at their family and friends test (FFT), all their comment cards, and all complaints in the last six months, but there still seemed to be more stories report on Patient Opinion. She reported that the trust felt that there were a lot of issues relating to waiting times for appointments, however, some of the stories also related to both negative and good staff attitude. She would continue to monitor the position. She also advised the committee that Healthwatch had advised her that they had received no feedback, either negative or otherwise on neurology services. She would be meeting with them to review their moodraker system which could trawl through the various mediums on the internet, to see what people were saying about health, etc.

SN

The Quality Manager Patient Experience also commented that, as it was unknown as to why people used Patient Opinion to report their stories on, she would be looking to see if a question could be included asking people why they came to use that particular medium.

SN

With regard to patient feedback on their use of A&E, she advised the committee that the trust reviewed all comments received, with most major negative themes relating to the environment, waiting times and pain

control, and positive comments around staff attitude. She advised the committee that long waiting times had also been the main issue reported prior to the implementation of the Lorenzo system.

Finally the Quality Manager Patient Experience advised the committee that she would be working with the new Patient Experience Lead at SCHFT with a view to improving the amount of patient experience data they provide.

SN

The Committee received and noted the report.

The Senior Quality Manager, Urgent and Primary Care left the meeting at this stage.

18/16 Policies

Individual Funding Requests (IFR) Policy

The Deputy Chief Nurse presented this policy.

The Quality Manager Patient Experience advised the committee that there was a process in place for action plans that come out of complaints. There were some that come out of IFR complaints that were supposed to link up with this policy but there were action plans that had not been signed off so some learning not been linked up with the policy which meant that some small amendments to the policy needed to be made.

**SN to
feedback**

The Senior Quality Manager, Commissioning commented that, we should, as an organisation, consider having an ethical framework for decision making. He would discuss this with the quality team with a view to possibly working up regarding taking this forward.

TM

The Committee approved the Individual Funding Requests Policy, subject to the amendment being made, as noted above.

19/16 Medicines Safety

i Controlled Drugs Accountable Officer Quarter 4 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 4 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 Commissioning for Quality Action Plan Quarter 4 Update

The Deputy Chief Nurse presented this report. She advised the committee that there were still a couple of outstanding issues relating to the continuing health care (CHC) team. The Commissioning for Quality Strategy needed to be refreshed, with a new action plan, and be linked to the CCG's commissioning strategy. This would be presented to the committee for comment in August.

JH

The Committee received and noted the report.

iv Patient Experience Strategy Action Plan Quarter 4 Update

The Quality Manager Patient Experience presented this report. She advised the committee that the report needed to be rewritten to reflect what, in future, would be reported to the committee and what would report into the strategic Public Equality Engagement Experience Group (PEEEG). An updated version would be provided in August

SN

The Committee received and noted the report.

20/16 Review of the Committee 2016

The Chair reminded members that they had discussed in March a 360 Assurance report on the benchmarking of Clinical Quality Committees, which had previously been presented to the CCG's Audit and Integrated Governance Committee in December 2016. A number of issues had been raised and discussed at the March meeting, especially around managing the committee as a non-operational forum, making sure there was clear interface between the Programme Management Office (PMO) and the quality team, and what the committee's role was in relation to primary care with the CCG taking on co-commissioning.

Her proposal was to use the framework provided and reflect on that after September but in time for the December AIGC meeting, when new members of the committee were settled into their roles

This proposal was agreed by the committee.

The Chief Nurse re-joined the meeting at this stage.

21/16 Foundation Trusts and Private Providers' Quality Dashboard Quarter 4 Summary (continued from minute 16/16iii)

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

i) CQC Visit

The Chief Nurse updated the committee on the findings from the CQC visit to the trust. He advised the committee that a final report would be

published followed by a quality summit, with the trust needing to produce an action plan, to which the CCG would contribute, for the areas that required improvement

The Committee noted the update.

ii) Report from Sheffield CCG Series of Visits to Emergency Department (ED) at Northern General Hospital

The Deputy Chief Nurse presented this report. She advised the committee that it had been witnessed during the visits that there was significant work being undertaken to improve the quality and safety of services but, due to internal flow issues that had been witnessed, some patients were waiting in a A&E for significant periods of time.

The Chair commented that, although a huge amount of effort had been put into the visits from Governing Body and other members of CCG staff, it was a very brief report. The Chief Nurse responded that the learning had been much less than for those staff that frequently visit. Although the level of new intelligence that had been gained from the visits was limited, it was important that the visits had taken place due to a lack of performance data. Dr Sloan commented that the Governing Body had responded very quickly to the request to go out on the visits and had shown that they were flexible and responsive.

The Deputy Director of Performance and Delivery explained that the reason for the visits had not been to necessarily learn anything new but to be assured that patients were not coming to any harm. The report did not draw any conclusions as to the assurance gained but the findings needed to link it to discussions with the trust.

The Chair commented that she was not sure how this piece of work was positioned within the organisation, if it gave some key messages, or if it added anything to the knowledge of the organisation, but she was seeking assurance that things learned through the visits were being addressed within the organisation.

The Deputy Director of Delivery and Performance advised the committee that the Integrated Performance and Delivery Group were trying to triangulate all of this. She reported that, at the STHFT Contract Management Board meeting, CCG colleagues had requested a copy of their A&E improvement plan, which the A&E Delivery Group would oversee delivery of.

The Committee received and noted the report.

iv Care Homes and Domiciliary Providers

a) Quality in Care Homes Quarter 4 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.

At the end of Quarter 4, there were suspensions on five homes, in addition, in the last week, a further home had had a suspension placed on them due to three staff leaving at short notice. Three homes had now been rated as Red for various reasons. The Chief Nurse explained that this was an exception report and only reported on those homes that had a level of intervention including frequent visits and a level of support.

The Specialist Assurance Manager asked if the title of this report could be changed to show that it was an exception report. She also suggested that the committee consider asking the Local Authority to attend a future committee meeting to discuss the risk implications for suspensions, closures, etc. The Chief Nurse responded that a member of the CCG's team could attend to report on those that were rated Green where there may be only minor concerns. He also advised that once the CCG's care homes team was expanded that this report would also be expanded to take learning disabilities homes into account.

The Committee received and noted the report.

b) Quality in Care Homes Annual Report 2015/16

The Deputy Chief Nurse presented this report which provided information on performance, activity and improvements in relation to quality and safety during 2015/2016. She advised the committee that it was a two year programme whereby every home received an inspection. 1075 actions had been agreed with the care homes from which there had been 161 reactive follow up visits.

With regard to support, the infection control team had been supporting the care homes team and next year would be supporting the individual care homes on infection control. For next year there would also be a Care Home Strategy.

She congratulated the CCG's care home team on the continuing work they do, including working closely with the Local Authority and CQC, and supporting those in serious incident.

The Committee noted and endorse the 2015/16 performance of care homes.

c) CCG Internal Audit Review of Quality of Care in Care Homes - Final Report

The Specialist Assurance Manager presented this report. She advised the committee that the review had not been done as a standard internal audit report but as a consultative report to provide an objective and independent opinion, and had been looking to provide a baseline and gap analysis and come up with some suggestions for the team.

She advised the committee that they had started by looking at the strategic

framework, what expected outcomes there were for the team, and the quality monitoring outcomes, to come up with some recommendations for the team. This included the development of a Care Homes Strategy, which needed to be aligned to the CCG's and Local Authority's aims. They had felt that if this was not developed then the CCG would not be able to articulate its expectations of the team. They had made some recommendations around some of the indicators that were being used, in that the team had chosen a national set of indicators which internal audit felt they could move away from some of those to look at a more individual patient centred care set of outcomes.

She also advised the committee that there was a good systematic reporting process in place but felt that some time could be spent looking at themes, trends and comparisons across the patch, and some particularly good joint working with partners. In this respect, they had included a recommendation that this report be shared with the CCG's joint partner.

The Deputy Chief Nurse commented that it would be helpful to have a strategy based on these recommendations and, in this respect, she would arrange for an update / draft strategy to be presented to the committee in August, prior to the implement date of 30 September for the strategy to be implemented.

JH/PW

The Committee received and noted the report.

d) Domiciliary Care and Supported Living Providers' Quarter 4 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. She advised the committee that there had been serious issues with one provider relating to staffing issues and poor performance, with work in place to address that.

The Committee endorsed the activity for Quarter 4.

22/16 Key Messages to Governing Body

The Committee asked the Chair to raise the following issues:

- The respective roles of the QAC and the Primary Care Commissioning Committee in relation to CQC visits to Sheffield practices.
- The Chair's request to meet with the CCG's Accountable Officer to discuss the Chief Nurse role and its implications for the committee
- Attendance at committee meetings by one core member
- The formal review of the committee at the end of the year
- The care homes approach and the good work of the CCG's care homes team
- The complexities in pulling together an overall plan for A&E
- The reason for the CQC's announced inspection of SHSCFT being that there were a number of areas that were marked as complete but had gone back to Amber, which were all in the areas if being well led. The feedback was likely to be that the CQC did not have any major

concerns but some may be around the organisation not learning

The Specialist Assurance Manager and CCG Governing Body GP left the meeting at this stage.

23/16 Any Other Business

a) CCG 360 Stakeholder Survey 2016 Final Report

The Chair advised the committee that the final report contained some worrying comments around quality. This would be discussed in further detail at the next meeting.

b) Kevin Clifford, Chief Nurse

The Chair thanked the Chief Nurse, who was attending his last meeting of the committee due to his retirement from the CCG at the end of August, for his contribution to the committee over the past few years.

24/16 Date and Time of Next Meeting

Friday 26 August 2016, 1.30 pm – 3.30 pm, 722 Boardroom

**CRH for
agenda**