

Sheffield Clinical Commissioning Group

**Minutes of the Quality Assurance Committee meeting
held on Friday 4 March 2016, 1.30 – 3.30 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Item 18g

Present:

Amanda Forrest, Lay Member (Chair)
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

In attendance:

Sue Berry, Senior Quality Manager, Urgent and Primary Care (up to item 05/16(iii))
Carol Henderson, Committee Administrator / PA to Director of Finance
Sarah MacGillivray, Specialist Assurance Manager: Clinical Quality, 360 Assurance
Tony Moore, Senior Quality Manager, Commissioning (up to item 10/16)

01/16 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, Dr Maggie Campbell, Chair, Healthwatch Sheffield, Tim Furness, Director of Delivery, and Idris Griffiths, Director of Health Reform and Transformation.

02/16 Declarations of Interest

There were no declarations of interest this month.

03/16 Minutes of the Meeting held on 27 November 2015

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

04/16 Matters Arising / Actions

a) Medicines Safety: Commissioning for Quality Action Plan Quarter 2 Update (minute 39/15(iv) refers)

The Chair advised the committee that, following conclusion of the CCG Chair's discussions with individual Governing Body GPs and the Secondary Care Doctor, the process for nominating a named deputy for the GP Quality Lead on the QAC would be complete by the end of March. Once she had discussed with the CCG Chair as to who this would be, the dates and times of QAC meetings would be revisited.

The GP Quality Lead commented that choice for GPs would come

ACTION

AF

between dropping clinical sessions to attending committee meetings. His thoughts were that the GP members of the committee should be Governing Body GPs.

The Deputy Chief Nurse advised the committee that she had discussed the possibility of attendance by one of the CCG Clinical Directors (CDs) in addition to the Medical Director at Sheffield Teaching Hospitals NHS Foundation Trust's (STHFT) quality review meetings. However, the Medical Director had advised that this was problematic in that the meetings had all been arranged to take place on Monday afternoons when the CDs tended to be in clinic. This would be discussed further outside of the meeting, including proposing to STHFT's Medical Director that reviews be held on a different day of the week.

ZM

b) Providers' Performance: Foundation Trusts and Private Providers' Quality Dashboard Quarter 2 Summary: STHFT (minute 42/15(iii)(a) refers)

The Chair advised the committee that she had attended her third STHFT Governors' meeting, as a Partner Governor and reported that it was useful for her to know where the two organisations have a difference of opinion, etc. This would be discussed further under minute 05/16(iii)(a)(ii).

c) Providers' Performance: Foundation Trusts and Private Providers' Quality Dashboard Quarter 2 Summary: SHSCFT (minute 42/15(iii)(b) refers)

The Chair advised the committee that Governing Body the previous day had received feedback from the Governing Body to the Board meeting held with the trust on 24 February.

For the Board to Board meeting the CCG Governing Body, her thoughts were that there had been two or three approaches being taken within the organisation to pull together the agenda, and the importance of issues raised at this committee needed to be recognised in the development of future agendas.

The Medical Director's thoughts were that the Governing Body to Board meetings was that the escalation process due to issues within the trust not getting resolved.

d) Providers' Performance: Foundation Trusts and Private Providers' Quality Dashboard Quarter 2 Summary: SCHFT (minute 42/15(iii)(b) refers)

The Chair advised the committee that she and the Deputy Chief Nurse had met with the trust's new NED who was also the Chair of SCH Clinical Governance Committee. She reported that it had been a very open and honest meeting, discussing what he aspired to take forward in terms of leadership and quality. They had agreed that it

would be helpful to arrange a joint committee to committee meeting on afternoon / early evening. The Chair asked if the Committee Administrator could take this forward.

CRH

e) Patient Experience Action Plan 2015-16 (minute 44/15(i) refers)

The Chief Nurse advised the committee that the CCG's Quality Manager Patient Experience would be taking forward with Healthwatch Sheffield the suggestion that the QAC review their database when it was functional. She would also include themes and trends from this within her future reports to the committee.

f) Feedback from Patient Opinion Exceptions Report (minute 44/15(ii) refers)

The Deputy Chief Nurse advised the committee that a review was currently underway of the CCG's Public Quality Engagement Experience Group (PEEG) which would include a review of the group in terms of the group in terms of the management of provider patient experience.

The Chair reported that she had not yet had the chance to meet with the CCG's Quality Manager Patient Experience to consider what further information would be useful for members to receive at QAC meetings. This would hopefully tie in with the review to be discussed under minute 10/16.

AF/SN

The Deputy Chief Nurse asked if she could meet with the Chair to discuss the CCG's Quality Manager Patient Experience participation in future meetings, especially in respect of her presenting much more detailed patient experience reports to the committee.

JH/AF

05/16 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 Senior Quality Manager advised the committee that 999 performance for the region appeared to be failing. However, from an Ambulance Clinical Quality Indicators (ACQI) perspective they were doing well with improvements against targets for Stroke 60 (arriving at hospitals with a hyper acute stroke centre within 60 minutes of an emergency call) and Stroke 60 Bundle of Care (the attending crew providing an appropriate package of care to those patients who fit the stroke 60 criteria). She advised the committee that the figures also took into account the acute time to perfusion which was outside their

control. She also advised the committee that discussions were still taking place with regard to merging the 999 and NHS111 Boards.

b) NHS111

The Senior Quality Manager advised the committee that performance generally had declined, largely due to the volume of demand.

c) YAS Patient Transport Services (PTS)

The Senior Quality Manager advised the committee that there was a marginal improvement and had had stability for the last quarter, even though our targets were the most challenging in Yorkshire and the Humber to achieve.

d) Arriva Transport Services Ltd (ATSL)

The Senior Quality Manager advised the committee that Arriva were failing to meet several KPI targets (overnight outward journeys, one of the Frailty Unit outward journeys, GP Urgents and inward journeys), with the default position of patients being transported by YAS. Although they had been given extra funding, the agency they were using had failed to provide a sufficient number of staff to be able to improve the position.

She asked members to note that the GP Urgents, when looking at patient flow through A&E equated to only 3% of all patient journeys.

e) City Taxis

The Senior Quality Manager advised the committee that she had no particular issues to raise, as it was operating within all its key performance indicators (KPIs) and targets.

The Committee received and noted the update.

ii General Practice

a) Update on CQC Visits to Sheffield Practices

The Senior Quality Manager gave an oral update and advised the committee that 15 practices had been inspected at this stage. Thirteen had been rated as Good, one required improvement, and one was rated as Inadequate. Over the five domains of inspection, six practices had services found not to be safe and required improvement - for example Disclosure and Barring Service (DBS) checks of staff, adequate recruitment checks were noted as not having been carried out, staff training not being up to date and inadequate record keeping. Two practices required improvement in the domain of 'services that were well led'.

She also advised the committee that at the moment there weren't

enough trends and themes to pull out.

With regard to the practice rated as Inadequate, she advised the committee that she had met with their Practice Manager to review their action plan and could meet the requirements of the CQC. She also advised the committee that those practices that had been visited were sharing their experiences / information informally throughout their respective locality.

The GP Quality Lead advised the committee that it was very rare that patients were put at risk and that, as new managers, etc, come into general practice, some of the issues highlighted above should disappear.

The Medical Director advised the committee that some practices were now really grateful for the input they had received from the CCG, and that all this information would be fed into the co-commissioning / primary care strategy, with the aim being to have a flexible, forward thinking primary care service in the city.

The Committee received and noted the update.

b) Locally Commissioned Service (LCS) Update Report

The Senior Quality Manager gave an oral update and advised the committee that a programme of audits of LCSs would be taking place. These were services that had been in place for a very long time with specifications not reviewed for at least five years. The Deputy Chief Nurse advised the committee that CCG staff to start the process, were now in post. She suggested that a report be presented to a future meeting outlining the approach taken.

SB

The Senior Quality Manager left the meeting at this stage.

iii Foundation Trusts and Private Providers' Quality Dashboard Quarter 3 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 3.

a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

The Deputy Chief Nurse advised the committee that there were two Red and one Amber Indicator, which were detailed below.

i) Feedback from CQC Visit

The Deputy Chief Nurse advised the committee that, although the trust had received unofficial feedback, a formal report was still awaited (and so was showing as an Amber Indicator until the final report received). She advised the committee that the CQC had

undertaken some additional unannounced visits to the trust on Christmas eve. The trust was taking forward its initial action plan, She advised the committee that 10 separate reports from the visits would be issued at the same time and the trust would have 10 days to respond.

The Deputy Chief Nurse advised the committee that the CCG's main concerns been the two external reviews - one CQC outlier alert regarding post-natal infections and one MBRRACE report regarding Perinatal Mortality (Stillbirths)

She reported that the CCG had received a comprehensive response from STH regarding Post-natal infection and issues with coding at clinical level seemed to be the major concern. A CQC response is still awaited.

Regarding post-natal infections, it was reported that this had been discussed in depth within the trust, and there will be a full review undertaken with findings presented to the trusts Healthcare Governance Committee.

ii) Feedback from CCG Meeting with STHFT Governors on 26 January 2016

The Chair advised the committee that, as STHFT Partner Governor, she had picked up at Governors' Council meetings that there was a lack of understanding for the role and function of the CCG. As a result, it had been agreed to run a workshop with members of the CCG Governing Body and the Governors in late January. She reported that the workshop had been well received, with positive feedback including a request for this to be a rolling programme, and in this respect she would suggest at the 9 March Governors' Council that they meet again in September. She commented that it would be interesting to reflect some of the data from the Governing Body's visits to A&E back to them.

iii) Report from A&E Visits

The Deputy Chief Nurse advised the committee that the series of visits to A&E by members of the Governing Body would be complete by the end of March, and had received varying feedback from those undertaken so far. The Chair asked the clinical members of the committee to try and prioritise their attendance. The Deputy Chief Nurse commented that the visits needed to be structured, themed and focused on monitoring patient safety.

The Deputy Chief Nurse advised the committee that the areas observed so far were patient safety and nursing care, implementation of Lorenzo on ED and wards and ambulance handover. The Medical Director had been on a visit earlier in the week and had viewed how the Lorenzo IT system worked, how it communicated with the wards, etc, and had been reassured that there was a flag system that all

members of staff could see. They had also looked at how the Lorenzo system was used on the frailty unit.

The Medical Director commented that, although he had felt that the quality part was good, with regard to patients ready for discharge, there was no system in place for getting the information as to why they were waiting, what they needed before they could be discharge, which was being done as a series, rather than as a co-ordinated sequence of events.

The Chair advised the committee that each Governing Body member and other individual CCG staff members that had taken part in the visits would be writing individual reports which would be pulled together into one report by the CCG's Deputy Director of Delivery and Performance, and which needed to be presented to the QAC.

The Medical Director advised the committee that, separate to the A&E visits, the CCG was also having discussions with the trusts about service transformation, etc.

The Secondary Care Doctor advised the committee that he had visited the trust with the Royal College of Physicians in December as part of training of junior doctors. He reported that the trust had been advertised for generalist, rather than specialist doctors, but to work in a specialist service, which he thought was a big step forward.

Serious Incidents

The Deputy Chief Nurse advised the committee that this was a Red Indicator as the trust's performance had deteriorated again during Quarter 3, with only 57% of SIs reported within two working days. She reported that the CCG's Chief Nurse was also taking forward with the trust's Medical Director issues relating to their SI and Never Event procedures that needed to be compliant with the national policy. The CCG is expecting to receive a report as to how the trust is mitigating the risks.

She also reported that the report from the external cardiac review, which was 18 months late, had still not been received, and was being taken forward by the CCG's Chief Nurse and Accountable Officer.

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 SIs and applicable Nationally Specified Events. He reported that their level of pre-admission screening rates had started to improve and had advised that this had been due to monitoring this via physical health screening. The trust is also trying to improve the timeliness of their SI and Never Event reporting, which

was the same across the city.

With regard to the Amber Indicators, he advised the committee that some elements of their CQC action plan were not on track but the trust were taking action. With regards training, the quarter 3 report is expected in March, which will hopefully show some improvement on the numbers of staff that were being trained on safeguarding vulnerable adults and domestic abuse.

The Chair asked about learning disabilities services and how that fitted into this reporting. The Senior Quality Manager explained that this was not distinguished in this report, but the indicators covered both mental health and learning disabilities services.

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

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

There was one Red and 12 Amber indicators. The Red indicator related to a lack of information relating to high level risks and this has been repeatedly asked for. With regard to the cost improvement programme, the CCG was aware that they were well behind financially with their programme but did not know if would have an impact on quality as yet.

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 to report that Thornbury had now recruited an infection control nurse which meant the CCG was now receiving reports.

The Committee received and noted the providers' quality dashboard position for Quarter 3.

iv Care Homes and Domiciliary Providers

a) Quality in Care Homes Quarter 3 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 3, there were suspensions on five homes. Two homes had been rated Red for various reasons, with a further two changed from Green to Red this week following visits from the CQC that had identified serious issues that had not yet been resolved.

The Chair asked if there had been any follow up as to what had happened to the residents of the care home that had closed on 23 December as it would have been a very traumatic time for them to

move. The Deputy Chief Nurse agreed to follow this up.

JH

The Committee received and noted the report.

b) Domiciliary Care and Supported Living Providers' Quarter 3 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, due to staff sickness, the report was incomplete but work was ongoing within the team.

The Committee endorsed the activity for Quarter 3.

06/16 Patient Experience

i 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 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 an analysis of the Friends and Family Test (FFT) for A&E had been undertaken, which will be part of a final A&E report for January. She also advised the committee that in January 563 comments had been left by patients, 21% of which related to long waits, with the rest around staff attitude and pain. She also advised the committee that other themes the CCG were concerned about, that STHFT would be investigating, related to the Jessop Wing and maternity services, and Neurology where it was felt there some underlying problems. The committee suggested that it would be more powerful as an enabler if the Medical Director could contact the Clinical Director for Neurology direct.

ZM

The Committee received and noted the report.

07/16 Medicines Safety

i Controlled Drugs Accountable Officer Quarter 3 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 3 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 3 Update

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.

iv Patient Experience Strategy Action Plan Quarter 3 Update

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.

v Dame Janet Smith's Savile Report

The Deputy Chief Nurse advised the committee that, as this report related solely to the BBC there was no action the CCG needed to take.

08/16 Key Messages to Governing Body

The Committee asked the Chair to raise the following issues:

- The ongoing issue with STHFT responding to requests to serious incidents and the delay in the issuing of the review of cardiac services report.
- The suggestion that the CCG's Medical Director contact STHFT's Clinical Director for Neurology direct to discuss the ongoing problems and feedback on Patient Opinion.
- Concerns about quality issues at SCHFT and her suggestion for a Clinical Governance Committee to Quality Assurance Committee meeting.

09/16 Any Other Business

Chair of Healthwatch Sheffield

The Chair advised the committee that Judy Robinson would be taking over as Chair of Healthwatch Sheffield with effect from 1 April 2016. Ms Robinson would represent Healthwatch at meetings of the CCG Governing Body and Quality Assurance Committee.

10/16 Clinical Quality Committees – 360 Benchmarking Report

Only Core Members and the Specialist Assurance Manager: Clinical Quality, 360 Assurance, were in attendance for this item.

The Specialist Assurance Manager tabled and presented an updated version of this report. She advised the committee that the reasoning behind the benchmarking was that, as they had noted a number of different approaches in the structure, approach and span of control of Quality Committees, they had felt that it would be beneficial in producing a comparative benchmarking report summarising some of the key operational aspects of Quality Committees. This report presented the results of a comparative analysis, undertaken as a desktop exercise, of Quality Committees using publicly available information from 13 CCGs, including Sheffield's, websites. If there was any appetite from members for 360 to host a wider workshop then contact details for this were included at the back of the report.

The Chair reported that this report had been discussed by the Audit and Integrated Governance Committee (AIGC) in December. She commented that there were some very useful self-assessment prompts in the report and wanted to test out with colleagues if they felt it would be useful to spend some dedicated time to go through it when new members were appointed.

The following issues were raised and discussed:

- The committee is not an operational forum so members needed to consider how to manage that. It has to have a purpose and members needed to agree on what this committee should do in order to make the organisation as efficient as possible.
- The committee's Terms of Reference were last reviewed in 2015. Since then the Programme Management Office (PMO) has been developed and has a role in keeping things on track and making sure there is clear interface with the quality team. There is also what the committee's role is with primary care with the CCG taking on co-commissioning, which had the potential to turn into a huge issue for the GP members of the committee.
- There would be implications for the committee when the Chief Nurse retired in August and discussions needed to take place with the CCG's Accountable Officer about his replacement.
- The committee's membership needed to include another GP and Lay Member, and representation from Healthwatch also provided additional external scrutiny.
- Members needed to consider if committee meetings were covering all the relevant issues and are there other forums in the CCG that could discuss QAC issues? The Medical Director felt that there was some duplication but items should come to this committee for discussion, especially for assurance / reassurance purposes.
- The Chair's main concern was the lack of external scrutiny (ie Governing Body members) on the committee and felt that they were usually outnumbered at meetings by people from within the

organisation.

- The GP Quality Lead commented that it was a good forum to concentrate on concerns but it needed to be more focused as there was a tendency to 'drift' off the subject being discussed.
- If, as a QAC, they were not assured about something, then they need to make sure that something would be done about it. The Deputy Chief Nurse advised that there was an expectation that if an issue was raised at a meeting that someone would already be dealing with it, and that the QAC required assurance.
- The Chair advised that feedback to Governing Body was that the committee had assurance in most areas but tended to feedback on the issues where they did not have full assurance but could report that work was being undertaken to secure that assurance.
- Through the reports to, and minutes of the committee meetings, there would always be an audit trail if anything were to go wrong.
- The Deputy Chief Nurse commented that questions had not been asked within this audit about how effective the organisation was in escalating quality concerns and should be asked. Although the committee does escalate to Governing Body she questioned as to how the committee would know if it was taking the right actions and this was not addressed in the report

- The Deputy Chief Nurse noted that the terms of reference (TOR) and good practice had evolved from Sheffield CCG setting out the initial TOR, which were adopted across South Yorkshire and Bassetlaw.

11/16 Date and Time of Next Meeting

Friday 6 May 2016, 1.30 pm – 3.30 pm, 722 Boardroom