

**Report from Quality Assurance Committee  
 meeting held on 25 April 2019**

Item 19j

**Governing Body meeting**

**4 July 2019**

<b>Author(s)</b>	Carol Henderson, Committee Secretary / PA to Director of Finance
<b>Sponsor Director</b>	Amanda Forrest, Chair of Quality Assurance Committee
<b>Purpose of Paper</b>	
The paper summarises the key points arising from the CCG's Quality Assurance Committee meeting on 25 April 2019 and is accompanied by the unadopted minutes of the meeting.	
<b>Key Issues</b>	
Key issues are as set out in the paper.	
<b>Is your report for Approval / Consideration / Noting</b>	
Noting	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to: 1. Note the key messages in the Executive Summary 2. Receive the unadopted minutes from the 25 April 2019 meeting	
<b>Governing Body Assurance Framework</b>	
<i>Which of the CCG's objectives does this paper support?</i> 5. Organisational development to ensure CCG meets organisational health and capability requirements  <b>Principal Risk 5.4</b> Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage particularly at a period of change.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
None	

**Have you carried out an Equality Impact Assessment and is it attached?**

*Please attach if completed. Please explain if not, why not*  
Not applicable

***Have you involved patients, carers and the public in the preparation of the report?***

Not applicable

## **Report from Quality Assurance Committee meeting held on 25 April 2019**

### **Governing Body meeting**

**4 July 2019**

#### **EXECUTIVE SUMMARY**

The committee had received significant assurance on the amount of work that was being undertaken around primary care quality.

Following a useful meeting with members of Sheffield Children's NHS Foundation Trust's Quality Assurance Committee (QAC), the committee had agreed that a rolling programme of annual QAC to QAC meetings with the three Sheffield provider trusts take place.

Members of the committee had raised concerns about the systems and processes in place for collecting and triangulating patient experience data, which needed a more systematic approach across the whole system. They had also noted ongoing concerns about delays in some of the provider trusts responding to complaints.

The committee had received an update on the activity and current position of the CCG's Mental Capacity Act (MCA) and Court of Protection (COP) team and were sighted on pending legislation changes. The update included the moves that had been undertaken to establish a more integrated team, and how that team was prioritising and risk assessing to get through the legal system. The quality team was also working with the provider trusts to make sure they were MCA compliant.

The committee had received and noted a reassuring Nursing Home Annual Report for 2018/19 which had also highlighted the priorities for 2019/20

**Unadopted Minutes of the Quality Assurance Committee  
Meeting held on Thursday 25 April 2019, 2.00 – 4.00 pm  
Boardroom 722 Prince of Wales Road, Darnall**

**Present:**

Ms Amanda Forest, Lay Member (Chair)  
Ms Jane Harriman, Head of Quality  
Dr Terry Hudson, Governing Body GP (Governing Body Lead for Quality)  
Ms Mandy Philbin, Chief Nurse  
Dr Marion Sloan, Governing Body GP (from item 22/19)

**In attendance:**

Mrs Janet Beardsley, Senior Quality Manager  
Dr Trish Edney, Healthwatch Sheffield  
Ms Jo Harrison, Nurse Quality Manager, MCA/DoLS (for item 28/19)  
Ms Carol Henderson, Committee Secretary / PA to Director of Finance  
Ms Karen Massey, Senior Quality Manager – Care Homes / Home Care  
Ms Sarah Neil, Quality Manager, Patient Experience  
Mrs Maggie Sherlock, Senior Quality Manager, Primary Care / SHSCFT

**ACTION**

**18/19 Welcome, Introductions and Apologies**

Apologies from voting members had been received from Professor Mark Gamsu, Lay Member, Dr Chris Whale, Secondary Care Doctor and Mr Alun Windle, Deputy Chief Nurse.

Apologies from non-voting members had been received from Ms Kay Meats, Client Manager, 360 Assurance.

The Chair declared the meeting was quorate.

**19/19 Declarations of Interest**

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Quality Assurance Committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). She also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting.

Declarations made by members of the Quality Assurance Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Quality Assurance Committee or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

There were no declarations of interest in relation to the items to be discussed in this meeting.

**20/19 Minutes of the meeting held on 28 February 2019**

The minutes of the meeting held on 28 February 2019 were agreed as a correct record.

The Chair reminded members that the unadopted minutes of the committee meetings would continue to be circulated to members as soon as possible after the meeting.

**21/19 Matters Arising**

**a) Quality Monitoring of Locally Commissioned Services (LCSs) in General Practice 2017/18 (minutes 36/18, 54/18(c) and 04/19(a) refer)**

The Chief Nurse advised members that the CCG's Director of Commissioning and Performance had been asked to raise with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) the reasons why they were not sharing results of blood tests. This work is underway.

**b) Transport Services Quality Assurance Report Quarter 3 (minute 05/19 refers)**

The Head of Quality advised members that the Yorkshire Ambulance NHS Trust (YAS) Contract Management Board (CMB) felt that the sickness levels at the trust had minimal impact on the services they provided. However, latest data showed that sickness levels had now improved, some of which was included in the report to be discussed under minute 24/19(a), which should provide members with the assurances they required.

**c) General Practice Quality Report Quarter 3 (minute 06/19(a) refers)**

Dr Hudson, Governing Body GP, confirmed that he had received a copy of the E.Coli update presented to the CCG's Clinical Commissioning Committee (CCC), on which he had fed back comments to the Infection Control Nurse.

**d) Care Homes (minute 07/19(d)(ii) refers)**

The Senior Quality Manager – Care Homes / Home Care advised members that the process for escalating the CQC ratings with the GPs undertaking LCSs with care homes had recently started.

**e) Care Quality Commission (CQC) Special Educational Needs and Disability (SEND) Report: Implications for Sheffield (minute 08/19 refers)**

The Chief Nurse confirmed that the report would be presented to the CCG's Strategic Patient Engagement, Experience, Equality Committee

**MP**

(SPEEEC) in June to sight them on the actions and processes in place. She advised that the CCG's Director of Commissioning and Performance, in his role as Deputy Accountable Officer, had formally signed off the action plan earlier in the week and there was now a 10 day window for Ofsted to review and comment on the plan. The final plan would be presented to Governing Body in public on 23 May.

MP

**f) Section 117 Court of Protection Cases Quarter 3 (minute 10/19 refers)**

The Chair asked if the Chief Nurse would highlight the issues discussed at the next meeting of Governing Body on 2 May.

MP

**g) Provider Focus: Care Homes Update (minute 11/19 refers)**

The Senior Quality Manager – Care Homes / Home Care advised member that a business case to extend the Care Homes Project Manager role - who is delivering innovation and new models of care within care homes across Sheffield and South Yorkshire and Bassetlaw (SYB) from October 2019 had been worked up, but will now be in the context of the Integrated Care System (ICS). She reported that she and the Head of Quality would be meeting with colleagues from the ICS the following week to take this forward. In the meantime, she was able to provide assurance to the committee that this post would be supported.

JHa/KM

**h) Patient Experience Report Quarter 3 (minute 12/19 refers)**

The Quality Manager, Patient Experience, confirmed that STHFT had reported to its own Quality Assurance Committee on their investigation into the fast track complaints, compliments and suggestions forms the trust not been responded to within 10 working days of receipt, and that it was also being addressed through STHFT CMB. She advised that she had not yet seen reports on either the outcome of the investigation or the lessons learnt as this was still in progress.

**i) Primary Care Serious Incident Policy and Communication Plan (minute 14/19(d) refers)**

The Chief Nurse reminded members that at the last meeting they had been asked to review the policy and plan and feedback comments and / or suggestions for a revised version to be submitted to the next committee meeting. She reported, however, that following feedback from Dr Hudson, Governing Body GP, and the Local Medical Committee (LMC) consideration would be taken as to whether it should now be a policy or a plan before it was re-presented to the committee in August.

MSh

Dr Marion Sloan, Governing Body GP, joined the meeting at this stage.

**22/19 Quality Assurance Committee Revised Terms of Reference**

The Chair presented the Terms of Reference that had been updated following the Director of Finance's review of the CCG's Constitution and

reminded members that a slightly revised version with a minor amendment to section 1 had been circulated the previous day. The Head of Quality presented the key changes.

- A slight change to the wording at the beginning of section 1 relating to the committee's delegated responsibility from Governing Body and to monitoring achievement of the CCG's quality aims.
- A slight change to the description of one of the objectives of the committee relating to the content of the patient safety reports it received and monitored, and a change to ensure that clinical risks were reported on provider risk registers – at the present time, with the agreement of the Director of Finance.
- Changes to the wording of the role of several voting members of the committee, including the role of the Deputy Chair which would now be undertaken by one of the two Lay Members instead of the Chief Nurse. This change would also be mirrored in the Terms of Reference for the SPEEEC.
- Finally, a change to reflect that agendas were generated by the Head of Quality and not the Deputy Chief Nurse.

The Quality Assurance Committee recommended the Terms of Reference to Governing Body for approval.

**23/19 Minutes of the NHS Sheffield CCG (NHSSCCG) Quality Assurance Committee (QAC) to Sheffield Children's NHS Foundation Trust (SCHFT) Quality Assurance Committee (QAC) Meeting held on 13 March 2019**

The Chair presented the minutes. For the benefit of those members that had been unable to attend the meeting, she advised that it had been a productive and positive meeting and reported that those in attendance had felt assured that the trust's QAC members recognised the areas they needed to work on. She reported that when the issue of money had been raised at the meeting, it had been made clear to the trust that the meeting did not relate to the contracting process. Her thoughts were to recommend to have individual annual meetings with the QACs of all three Sheffield Foundation Trusts, with the next one held with STHFT followed by Sheffield Health and Social Care NHS Foundation Trust (SHSCFT), bearing in mind that the meetings would need to be held as an Accountable Care Partnership (ACP) approach as they would about supportive working from a commissioning perspective, and not held with a contact management approach.

The Head of Quality agreed to contact the Chair of STHFT's QAC in the first instance for an informal discussion and request to meet. If she was agreeable to the meeting, then the Chair would follow this up formally in writing to the trust.

**JHa/AF**

The Chair reminded members that the Governing Body had suggested inviting the trust (SCHFT) to attend a future Governing Body meeting. The Chief Nurse agreed to review items scheduled on the forward planner for Governing Body meetings but suggested that the visit could

**MP**

be aligned to the overview of children's services that would be presented to Governing Body over the next couple of months.

Finally, the Chair thanked Mrs Beardsley, Senior Quality Manager, for setting up the QAC to QAC meeting and writing the very detailed and comprehensive notes.

The Quality Assurance Committee received and noted the minutes and agreed actions.

## **24/19 Providers' Performance**

### **a) Transport Services Quality Assurance Report Quarter 4**

The Head of Quality presented this report which provided an update on the performance of the Yorkshire Ambulance Service (YAS) NHS Trust (999/111/PTS) and Premier Care Direct (renal transport) for Quarter 4.

She highlighted key points as follows, bearing in mind that full data was not available as yet, but some January data only for 999 and for PTS had been received.

- j) YAS 111: Sickness levels remained a concern, increasing to 11.1% in January, against the trust target of 5%. The service was reviewing the cases of staff on long term sickness absence and putting some health and wellbeing processes in place to try and improve the position.
- ii) YAS 111 Call Volumes: The number of calls had reduced by 8.6% in January from the previous month, which it was assumed had been due to the holiday period.
- iii) PTS Performance: Overall, there had been a significant improvement on service delivery against the Key Performance Indicators (KPIs). Sickness absence rates had also reduced from 8% to 4% over the whole quarter.

The Chair asked for clarity on the number of patients that had had to wait more than 120 minutes at the site of their appointment following drop off, as the report did not give a sense of this. The Chief Nurse explained that often people would not be waiting for all of that time, even if they had been dropped off early, but that the biggest delay would be in waiting for transport to take them home once they had been seen.

**JHa**

The Quality Manager, Patient Experience commented that it was important that more people were arriving on time for their appointments, ie not too early, and her thoughts were that the latter only related to 0.2% of patients but would seek clarity on this.

**SN**

In response to a question from the Chief Nurse, the Chair requested a briefing on what it would mean for the CCG as a commissioner on the

50% increase in four-man lifts in the South Consortia.

JHa

- iv) Premier Care Direct (PCD) (Renal Transport): The Head of Quality advised members that a second contract performance notice had been issued, and there was ongoing work being undertaken by PCD with the lead commissioner and contractor, Doncaster CCG. However, she would request an update via the contract monitoring process on the quality areas where they seemed not to be improving and circulate it to members.

JHa

The Quality Manager, Patient Experience, advised members that she was not aware of any feedback from patients in relation to this service. The Healthwatch representative would ascertain as to whether any patient feedback had been received by Healthwatch.

PE

- v) Ambulance Response Programme: Members also discussed performance against the new ambulance response times KPIs, concerns that had been raised with the CCG by the Local Medical Committee (LMC) and discussed how they were reported to YAS CMB.

The Quality Assurance Committee received and noted the report.

## **b) Provider Focus General Practice**

### **i) General Practice Quality Report Quarter 4**

The Senior Quality Manager – Primary Care / SHSCFT presented this report which provided members with an overview of Sheffield general practice's quality and performance in relation to Care Quality Commission (CQC), Quality Outcomes Framework (QOF), incident reporting, infection control, and patient experience. She drew their attention to the key highlights.

As set out in section 3.0, the CQC had changed its processes for monitoring GP practices in that it had introduced evidence tables, collating all the available information it had received. If the CQC decided that it either needed to inspect or seek some clarity from a practice they would contact the practice directly.

One serious incident relating to an information governance had been reported and logged on STEIS - the national system. Response rates to the Family and Friends Test (FFT) was below the national average, and work was being undertaken with the CCG's primary care team as to how to encourage practices to engage more with the process. Data was showing that 7% of patients in Sheffield would not recommend their general practice.

Members discussed issues relating to the publication of a CQC report for one general practice in Sheffield which had then been retracted due to technical issues. It was anticipated that a final report may be published by the end of the week.

The Quality Assurance Committee received and noted the report.

ii) Delivering the Performance and Quality Framework

The Senior Quality Manager – Primary Care / SHSCFT presented this report which provided an overview of the implementation of delivering the Performance and Quality Framework. She advised members that the process had been positive overall with good feedback received. She reminded members of the five stages of intervention, as set out at section 2 and advised that there had been 45 practice visits throughout the year, mostly undertaken at Stage 2 (i.e. a Minor Concern - Routine Local Quality Assurance / Practice Visit). The Chair asked if a definition could be included for Stage 5 in future reports. The Senior Quality Manager explained that, whilst there had never been one in Sheffield, this stage was defined as a catastrophic event taking place.

**MSh**

The Head of Quality clarified that no quality visits had been made to one general practice from November 2018 to January 2019; however the CCG contracting team were managing the practice.

The Chief Nurse asked members to note that, although there had been positive feedback from practices, there had been a negative response from some parties following the introduction of the framework. However, a feedback questionnaire would be distributed to practices asking for their views as to whether or not they felt the visits had been useful.

**MSh**

There had been a 360 Assurance internal audit on primary care quality monitoring, and the Head of Quality advised members that one of the main reasons that the CCG had received **Significant Assurance** for this was due to the framework being in place.

The Quality Assurance Committee received and noted the report and suggested future actions.

iii) Public Health England Screening and Immunisation Programmes in Sheffield General Practices

The Senior Quality Manager – Primary Care / SHSCFT presented this report which provided an overview of Public Health England (PHE) screening and immunisation programmes in Sheffield general practices. She explained that although the CCG was not accountable to PHE, there was a shared responsibility to support general practices in Sheffield.

Regarding Smear test training, the GPs asked if their concerns could be raised regarding the length of time it sometimes took to be issued with a smear ID number, due to the amount of reading and updates that had to be completed before this could be done.

**MSh**

The Senior Quality Manager – Care Homes / Home Care advised members that she was following up problems there had been in care homes relating to diabetic eye screening.

**KM**

Finally, members noted the recent media coverage of the reduced uptake of the MMR vaccine, concerns as to whether practice staff had received the correct vaccine for their area of work, and that Sheffield had a better uptake of vaccines than in other areas of the region.

The Quality Assurance Committee received and noted the report.

iv) Quality Monitoring Locally Commissioned Services (LCSs) in General Practice Annual Report 2018/19

The Senior Quality Manager, Commissioning, presented this report which provided members with assurance that key high risk LCSs were being audited, that actions would be developed, concerns should be managed via the contracting process. Systems were also being developed and put in place to support auditing in general practice. She drew members' attention to the key highlights.

An electronic method of extracting the data had been introduced leading to the quality of the data being much improved. Discussions were also taking place about developing a contracting and governance framework for the management of the LCS process. One practice was reported as having three Health Care Assistants (HCAs) performing anticoagulation dosing roles which was not in line with the contract, but they did not see it as dosing and this was now being taken forward with the practice.

The Quality Assurance Committee received and noted the report and the future actions following the audit process.

v) Primary Care Quality Internal Audit 360 Assurance Report March 2019

The Senior Quality Manager – Primary Care / SHSCFT presented this report which provided members with an update on Internal Audit's review of the systems and processes in place within the CCG for the quality monitoring of primary care medical services. She drew members' attention to the key highlights.

They had been able to provide **Significant Assurance** as they had concluded that, except for minor issues identified by their audit in the areas examined, the risk management activities and controls were suitably designed, and were operating with sufficient effectiveness to provide assurance.

Two low level and one advisory recommendation had been proposed and agreed: include review dates for CCG strategic documents, review the QAC's Terms of reference to clarify its responsibility in relation to clinical risks and, as part of its next review of the Scheme of Reservation and Delegation, to incorporate the decisions / responsibilities that had been delegated to the Primary Care Commissioning Committee (PCCC).

The Chair asked how primary care issues were escalated between the

Primary Care Resilience Group. The Senior Quality Manager – Primary Care explained that this was via the Primary Care Intelligence Group. The Chief Nurse explained that information from the Resilience Group is also reported into the PCCC through an escalation report, and this will also feed into this Committee.

Finally, the Senior Quality Manager – Primary Care advised members that the primary care quality framework, which was under revision at the moment, would be presented to the next QAC meeting.

**MSh**

The Quality Assurance Committee received and noted the report.

#### **25/19 Provider Performance Exception Report Quarter 4**

The Head of Quality presented this report which provided members with key highlights of Sheffield provider's performance, detailing the CQC registration position, quality standards and targets for Quarter 4. She drew member's attention to the key highlights.

There had been little change since the last QAC meeting in February. Patient experience still required improvement at SCHFT and SHSCFT, and one GP practice remained as Red rated and of concern. Jasmine Court care home had also closed.

The Senior Quality Manager – Care Homes / Home Care advised members that there had been a co-ordinated approach to the closure of Jasmine Court, that Heeley Bank Nursing Home and Norton Lees Hall and Lodge were progressing against their action plans, and only one home had been in escalation in the last quarter.

Two more Never Events had taken place at STHFT, for which reports from the trusts were awaited following their investigations but would be brought back to the committee if it was felt there could be wider organisational issues. Members agreed that this could be an item for discussion at the proposed QAC to QAC meeting.

The Quality Assurance Committee received and noted the report.

#### **26/19 Care Homes Annual Report 2018/19**

The Senior Quality Manager – Care Homes / Home Care presented this report which reported on the performance, activity and improvements in relation to the quality and safety of care home services in 2018/19. She drew members' attention to the key highlights.

There had been 201 visits by the quality in care home team to care homes in the past year, 58 of which were full monitoring visits, 93 were follow up visits, and 50 were unannounced. The levels of risk within care homes has reduced during the year and this was thought to be due to a more risk based assessment being used within the team and working jointly with the Local Authority to provide intensive support to care homes deemed to be failing.

It was noted that Healthwatch had been involved in a city-wide strategic meeting.

During the year the team had been working to develop a new model of gaining assurance, which included capturing the experience of those people using the service. The team had taken the principle of the '15 step challenge' developed and used in the acute sector.

There had been a more joined up approach within the CCG in terms of infection control, with the Medicines Management Team (MMT) providing support and intelligence regarding quality issues.

Members noted that the report also included priorities for 2019/20, one of which was to extend the Raizer chair into a further four homes. This was a project being led by YAS to promote the dignity of a fallen patient. However, they noted that was insufficient evidence from YAS at this time to say whether or not it was having an impact on stopping people from having to go into hospital. The Chief Nurse explained that significant work was undertaken on triaging when a patient had fallen, and that it was a good project, currently piloted in four homes.

Finally, the Chief Nurse advised members that a review of processes within the care homes team had been undertaken and completed, with an action plan in place in a number of areas.

The Quality Assurance Committee received and noted the report.

#### **27/19 Patient Experience Report Quarter 4**

The Quality Manager, Patient Experience, presented this report which provided information about patient experience feedback, highlighted any areas that give cause for concern about the quality of care provided by services commissioned by the CCG, and also highlighted good practice. She drew members' attention to the key issues.

No new data had been received for STHFT. The results of a maternity survey had been published in February, the issues identified concerned post-natal care and providing mothers with information about emotional changes they may expect after giving birth

The Healthwatch representative reported on feedback from someone saying that they had not been able to stay with their partner as much as they would have liked, however this had been recognised by the trust and they had included it in their action plan.

Concerns remained about the robustness of SCHFT's reporting, particularly around complaints response data. They had triangulated feedback from their Family and Friends Test (FFT) and the lessons learned from that.

Although concerns also remained about complaints handling and

reporting at SHSCFT and how quickly they responded to complaints, we had assurance that action was being taken.

As reported under minute 22/19(h), SHSCT had undertaken an investigation into a number of fast track complaints that had not been responded to within the optimum working days of receipt. A full review of the concerns was currently being undertaken.

The Quality Assurance Committee received and noted the report.

## **28/19 Mental Capacity Act (MCA) / Deprivation of Liberty Standards (DoLS) and Court of Protection Team Annual Report 2018/19**

Ms Jo Harrison, Nurse Quality Manager, MCA/DoLS, was in attendance for this item and presented this report which provided an update on the activity and current position of the Mental Capacity Act (MCA) and Court of Protection (COP) team in 2018/19, as set out in section 2, and sighted the committee on pending legislation changes, as set out in section 8. The report gave an overview of activity undertaken over the last year and new formed team with a new name was in place that accurately reflected their role. A quality framework had been developed, as set out in Appendix 1.

She drew members' attention to section 4 and the Court of Protection Work and explained that the CCG's legal service was making slow progress, which meant we were not getting a good return on cost per case. A position had been reached on how to manage, screen and prioritise and risk assess the 61 cases in the RX cohort within the team until the MCA legislation was amended, which it was thought would not require these applications to be made under the amended law.

Members expressed concerns regarding the costs incurred to basically not receive a good legal service, but noted that the CCG had not changed solicitors as any other solicitor would have provided the same services, and the problems were due to having to do things at scale and so they had struggled with the volume. The Nurse Quality Manager explained that the team would keep the cases on three-month review and re-screen the patient as and when necessary, and it would be managed in-house through a different kind of process, which it was felt would improve the quality and be more cost-effective.

The Quality Assurance Committee received and noted the report.

## **29/19 Papers for Information**

### **a) Press Portal Documents Quarter 4 to Date**

This report was presented for noting.

Dr Terry Hudson, Governing Body GP, commented that it was very assuring to have a robust process in place, especially in relation to having review dates for all documents. However, work on a naming

convention for documents still needed to be undertaken.

The Head of Quality agreed to feed this back to the PRESS Portal team.

JHa

The Quality Assurance Committee received and noted the report.

## **b) Medicines Safety**

### **i) Medicines Safety Group Quarter 4 Report**

This report was presented for noting

The Quality Assurance Committee received and noted the report.

### **ii) Controlled Drugs (CD) Lin Quarter 3 Report**

This report was presented for noting. There were no areas of concern to report, except to note the pharmacy errors but that this service was contracted by NHS England.

The Quality Assurance Committee received and noted the report.

## **c) CCG Strategy Plans 2018/19 Quarter 4 Update**

The Head of Quality presented the Commissioning for Quality, Primary Care, and Patient Experience Action Plan reports, which gave an update on the CCG Strategy Plan for 2018/19. The key issues were addressed as follows.

- k) Commissioning for Quality Action Plan: The Director of Adult Services at Sheffield City Council would be releasing some social workers within the CCG's Continuing Health Care (CHC) team to support ongoing care. The plan was complete as at 31 March but a short term strategy about the future of CHC would be developed, which would feed in appropriately in terms of transformation.
- ii) Primary Care Action Plan: Most of the actions, including all of those that were Amber rated, had already been discussed throughout the meeting.
- iii) Patient Experience Action Plan: Work would continue into 2019/20 on clarifying whether the LCS, GP, Any Qualified Provider (AQP) and Primary Care Sheffield (PCS) contracts included patient experience indicators and whether there was any monitoring of those indicators, with a view to making improvements where necessary.

Extra support had been provided within the primary care team due to the amount of unexpected work that still needed to be undertaken.

The Quality Assurance Committee received and noted the reports.

#### **d) 2019/20 Provider Focus Plan for Quality Assurance Committee**

The Head of Quality presented this report. The Chair suggested to schedule in reports from future QAC to QAC meetings as and when these meetings had been arranged.

**JHa**

The Quality Assurance Committee received and noted the report.

#### **30/19 Key Messages to Governing Body**

The Chair advised that she would highlight the following to Governing Body:

- The significant assurance the committee had received around primary care quality.
- Members agreement for annual QAC to QAC meetings with the three provider trusts.
- Concerns about the systems and processes in place for collecting patient experience, responding to complaints, etc.
- The update the committee had received on MCA and DoLs processes, the Court of Protection and the moves to put in an integrated team, and how the team was prioritising and risk assessing to get through the legal system.
- How the quality team was working with the trusts to support them become MCA compliant.
- The committee had received and noted a reassuring nursing home annual report which also highlighted the priorities for 2019/20.

#### **31/19 Any Other Business**

There was no further business to discuss this month.

#### **17/19 Date & Time of Next Meeting**

Thursday 29 August 2019, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road