

**Report from Quality Assurance Committee
 meeting held on 10 May 2018**

Item 21h

Governing Body meeting

5 July 2018

Author(s)	Carol Henderson, Committee Secretary / PA to Director of Finance
Sponsor Director	Amanda Forrest, Chair of Quality Assurance Committee
Purpose of Paper	
The paper summarises the key points arising from the CCG's Quality Assurance Committee meeting on 10 May 2018 and is accompanied by the unadopted minutes of the meeting.	
Key Issues	
Key issues are as set out in the paper.	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to: 1. Note the key messages in the Executive Summary 2. Receive the unadopted minutes from the 10 May 2018 meeting	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i> 5. Organisational development to ensure CCG meets organisational health and capability requirements	
Principal Risk 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage..	
Are there any Resource Implications (including Financial, Staffing etc)?	
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

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EXECUTIVE SUMMARY

- The committee had a focused discussion around primary care and particularly the effective mechanisms that needed to be established to be able to share good practice from the Care Quality Commission (CQC) visits, which they felt would help to drive improvements in primary care
- Members had noted the work that Sheffield Children's NHS Foundation Trust (SCHFT) had demonstrated they had undertaken to improve the triangulation of patient experience and engagement
- The committee's ongoing concerns that Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) did not triangulate its patient experience and data around mental health were noted. .
- The committee had received and noted the CCG's Care Home Team Annual Report and in particular the significant innovation that had been undertaken
- The committee noted that a patient story programme to present to Governing Body throughout the year had been established.

**Unadopted Minutes of the Quality Assurance Committee meeting
held on Thursday 10 May 2018, 2.00 – 4.00 pm
in the Boardroom at 722 Prince of Wales Road, Darnall**

Present:

Ms Mandy Philbin, Chief Nurse (Chair)
Mrs Janet Beardsley, Senior Quality Manager (Acting Head of Quality)
Ms Jane Harriman, Head of Quality (Acting Deputy Chief Nurse)
Dr Marion Sloan, GB GP Member (from item 21/18(b))

In attendance:

Mr Tony Clarke, Healthwatch Sheffield Representative
Ms Emma Green, CHC Operational Service Integration and Business Function Lead (for item 26/18(a))
Mrs Carol Henderson, Committee Secretary / PA to Director of Finance
Ms Karan Massey, Senior Quality Manager – Care Homes / Home Care
Ms Kay Meats, Client Manager, 360 Assurance
Ms Scarlett Milward, Children’s Commissioning Manager (for item 26/18(b))
Ms Sarah Neil, Quality Manager Patient Experience
Mrs Maggie Sherlock, Senior Quality Manager

Item	ACTION
<p>18/18 Welcomes, Introductions and Apologies</p> <p>Apologies from voting members had been received from Ms Amanda Forrest, Lay Member, Professor Mark Gamsu, Lay Member, Dr Terry Hudson, GB GP Member, Dr Zak McMurray, Medical Director, Ms Debbie Morton, Interim Deputy Chief Nurse, and Dr Chris Whale, Secondary Care Doctor.</p> <p>Apologies from those normally in attendance had been received from Dr Sue Berry, Senior Quality Lead, Urgent Care.</p> <p>The Chair explained that, due to the number of late apologies for the meeting from core members of the committee, and to ensure quoracy of the meeting which required a minimum of four members including, the Chair or Deputy Chair, the Chief Nurse or Deputy Chief Nurse and two other members, she would be Chairing the meeting in the absence of Ms Forrest, Lay Member, Ms Harriman, Head of Quality, would act as Deputy Chief Nurse, Ms Beardsley, Senior Quality Manager, would act as Head of Quality.</p> <p>However, the meeting was not quorate at this stage as Dr Marion Sloan, Governing Body GP Member, had still to join the meeting. Any decisions made during this time would need to be ratified when the meeting became quorate.</p>	
<p>19/18 Declarations of Interest</p> <p>The Chair reminded members that they had been asked to declare any</p>	

conflicts of interest in agenda items for discussion in advance of the meeting and 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.

Declarations made by members of the Quality Assurance Committee are listed in the CCG's Quality Assurance Committee 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.

20/18 Minutes of the Meeting held on 8 March 2018

The minutes of the meeting held on 8 March 2018 were agreed as a correct record, subject to the following amendment:

Providers' Performance: Provider Summary Performance Quarter 3 (minute 11/18(iv) refers)

Final sentence of fourth paragraph to read as follows:

She also advised that she was now assured that the SI system was 'unblocked', and the quality of reports had improved, and that they had realised they have to get a robust process in place.

21/18 Matters Arising/Actions

a) Secondary Care Doctor (minute 05/18 refers)

The Chair confirmed that Ms Forrest, Lay Member and Chair of the QAC, had discussed the Secondary Care Doctor's attendance at QAC meetings with him over the past few weeks.

Dr Marion Sloan, Governing Body GP Member, joined the meeting at this stage. The Chair declared that the meeting was now quorate. No decisions had been made during this time.

b) Proposed Changes to Quality Assurance Committee Terms of Reference (minute 10/18 refers)

The Head of Quality (Acting Deputy Chief Nurse) advised members that she had drawn up a new governance flow chart for the committee, which was appended to the revised Terms of Reference. She reported that, as discussed at the previous meeting, although she had tried to establish the link between the Primary Care Commissioning Committee (PCCC) and the Strategic Public Equality Engagement Experience Committee (SPEEEC), there was no direct link, this being through the Primary Care Resilience Group, which she had included on the flow chart. She reported that the revised Terms of Reference, including the flow chart had been circulated to members, and they had been approved by the

Governing Body on 3 May 2018.

c) Framework for Managing General Practice Performance (minute 11/18(iii) refers)

As reported under minute 21/18(b), the Head of Quality (Acting Deputy Chief Nurse) explained that the new Primary Care Resilience Group (PCRG) would feed into both the QAC and the PCCC. She advised that both she and Ms Sherlock, Senior Quality Manager, were both members of the PCRG, which was chaired by the CCG's Director of Delivery – Care Outside of Hospital, and attended by the Primary Care Programme Director. She also advised that core membership of that group had still to be determined, and that actions may need to come back to the QAC and / or the PCCC.

d) Provider Summary Performance Quarter 3 (minute 11/18(iv) refers)

The Senior Quality Manager – Care Homes / Home Care confirmed that, as requested at the last meeting, future reports would show where a home had changed its rating.

22/18 Providers' Performance

i Patient Transport

Transport Services Assurance Report Quarter 4

The Acting Deputy Chief Nurse presented this report which provided members with an update on the performance of the Yorkshire Ambulance Service NHS Trust (YAS) (999 / 111/ Patient Transport Services (PTS). She advised members that there was little new data available due to the timing of this meeting, the Senior Quality Lead, Urgent Care, had included a benchmarking table on general performance around ambulance response times, which showed that YAS's performance for Category 2 calls for Yorkshire and the Humber (Y&H) was 28 minutes mean against the national target of 18 minutes mean.

The Chair questioned as to what benefit / assurance this report gave the committee as there was no oversight as to what the data actually meant for Sheffield and the quality data could not be ascertained from the report. The Acting Deputy Chief Nurse reminded members that NHS Sheffield CCG was the lead CCG for quality for South Yorkshire and therefore needed to have a way of reporting exceptions within the CCG. There also needed to be a statement by the author for the committee as to the level of assurance of the quality of services and for it to include links to any serious incidents, concerns or complaints.

Action: JH and SB to discuss.

JH/SB

The Acting Deputy Chief Nurse advised that she would ask the Senior Quality Lead, Urgent Care to seek clarity on what was possible in terms of providing individual CCG data and as to what could be presented on a more exceptional basis. This had also been discussed in past QAC meetings. The committee also needed to know what responsibility it had, with the CCG as lead commissioner for quality, on behalf of the other South Yorkshire CCGs, how the data was reported to the other CCGs, and be provided with assurance as to how other areas are using the data to enact their quality assurance. The committee also needed a framework regarding the contractual governance of the report, and an overall summary of quality performance.

JH

Action JH and SB

JH/SB

Finally, the Healthwatch Sheffield representative raised concerns about the data, but felt that it might only have taken a couple of delayed responses to skew some of the figures and, in this respect, suggested that it would be useful to have any mitigating factors explained in the overview.

SB

The Quality Assurance Committee received and noted the report.

ii General Practice

a) GP Care Quality Commission (CQC) Report Quarter 4

The Senior Quality Manager presented this report which provided members with an update on the CQC performance of the general practices within NHS Sheffield CCG at Quarter 4. She drew members' attention to the key highlights.

All practices had now been inspected, with Table 1 on page 2 showing the current ratings. A CQC inspection was still to be undertaken on a practice that had changed its service provider. The Senior Quality Manager explained that, as more and more practices merged, it would change a practice's legal entity meaning the practice would no longer have CQC status and so it would take some time to get their dashboard in place.

As requested at the last meeting, Table 2 of section 3 outlined details of the CQC's inspections and ratings of practices against the six population groups: Older People; Long Term Conditions; Families, Children and Young People; Working Age People; Vulnerable People; and Mental Health.

An update regarding The Mathews Practice, which had been rated as 'inadequate' following its first CQC inspection on 1 November 2016, was given at section 8. Three further announced inspections had been undertaken between June 2017 to February 2018, and the final report from an unannounced inspection in March still to be published. The Senior Quality Manager advised members that she would be meeting with members of the practice the following week to discuss progress against their action plan, and that Ms Forrest, Lay Member and QAC Chair had visited the practice to review its Patient Participation Group

MSh

(PPG).

The Senior Quality Manager also advised members that Totley Rise Medical Centre had been rated as 'Requires Improvement' overall following a CQC visit in December 2017, and especially in "Are services safe?, Are services well led?, and across all six population groups. The CCG had been working with the practice on the development of an action plan and would be undertaking a quality assurance visit and infection control audit. However, the practice was no longer a legal entity as it merged with Abbey Lane Practice. This means that the practice will have a joint CQC rating in the future.

With regard to Dr Hudson's, Governing Body GP Member, suggestion at the last meeting about how to share best practice, she suggested that this could be done through a Protected Learning Initiative (PLI) event, and also advised members of the CQC's provider information collection system needed to be shared with practices. Dr Sloan, Governing Body GP Member, suggested that a better vehicle for sharing this information could be through one of the neighbourhood learning events, which took place twice a month.

Finally, the Chair suggested that the Senior Quality Manager should provide the QAC with a quality assurance overview, including the wider primary care, at future meetings.

MSh

The Quality Assurance Committee received and noted the report and the required further action required.

b) Framework for Managing General Practice Performance

The Senior Quality Manager presented this report which updated the committee on the development of this framework, which will provide a clear guide for all staff involved in identification, monitoring and management of quality concerns within General Practices in Sheffield, and will outline the key roles for staff within and outside the CCG and the governance arrangements in place. She advised members that the CCG's Primary Care Commissioning Committee (PCCC) had been consulted and asked for comments on this framework, which she was now asking the QAC to approve.

She explained that the framework had been adapted from NHS England's (NHSE) Assurance Framework, had been shared with the Local Medical Committee (LMC), and it outlined the responsibilities of all parties and the five stages of investigation that would be required when a concern had been identified. It also outlined when visits to a practice could be undertaken. Finally, she advised that a communications programme would be put in place when the framework was rolled out to practices, and we would be auditing ourselves on what we do. The Chair asked if an evaluation audit could be undertaken and presented to the committee in 12 month's time, also that the framework be placed on the CCG's website and PRESS Portal.

MSh

MSh
MSh

The Quality Assurance Committee approved the Framework for

Managing General Practice Performance.

iii Provider Summary Performance Quarter 4

The Head of Quality (Acting Deputy Chief Nurse) presented this report which provided members with the key highlights of Sheffield provider's performance, detailing the CQC Registration position, Quality Standards and Targets for Quarter 4. She advised members that, as requested at the last meeting, the ratings from the previous quarter had been included, and she drew members' attention to the key highlights on the Red rated areas.

- a) Sheffield Children's NHS Foundation Trust (SCHFT): Staffing capacity issues within the trust's governance team continued to be addressed, and their performance was rated as Red due to the trust not having any permanent staff within this team. Performance had improved slightly in relation to responding to the CCG on serious incidents, and should improve further when the trust's Head of Clinical Governance returned to the trust in July. The trust had had two separate training days for Root Cause Analysis (RCA) and report writing and the CCG had been involved in the delivery of the training.
- b) Sheffield Health and Social Care NHS Foundation Trust (SCHFT): The Senior Quality Manager reminded members that concerns relating to the trust not meeting response times for logging SIs, submitting reports and responding to reviews are still ongoing. She reported that a new quality director, who would be overseeing that team, was now in post at the trust, and had taken on board the issues and wished to deliver improvements.

The results of the 2017 national NHS staff survey indicated that there had been a decrease in staff satisfaction, with an increase in staff sickness absence rates, and nursing staff vacancy rates at 20%. The CCG had requested an action plan to deliver improvements.

The Quality Manager Patient Experience advised members that, in terms of the Family and Friends Test (FFT), there were was a low number of patients that would recommend the trust. The trends and themes for this were similar, in respect of accessing mental health community services, and knowing who their care co-ordinator was.

- c) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT): The Trust is currently non-compliant against the requirements of the Mental Capacity Act (MCA). The Head of Quality (Acting Deputy Chief Nurse) reported that the trust's training numbers in respect of this were low and was currently being discussed via the contracting process. Actions have been agreed to prioritise the training, engage the Executive Team and make the training mandatory. She also reported that the trust had agreed a 360 Assurance audit to be undertaken on compliance with the MCA.

The trust had had two SIs in Quarter 3 of 2017/18 and one in Quarter 1 of 2018/19 in A & E, regarding the undertaking general and

specialist patient observations. The CCG is in discussion with the trust to improve the nursing culture and actions had been implemented in A & E to improve this.

The Head of Quality (Acting Deputy Chief Nurse) advised members that all three Foundation Trusts (FTs) were expecting a Well-led inspection from the CQC in the Autumn, which would pick up staffing issues, as noted above.

- d) Yorkshire Ambulance Service NHS Trust (YAS): Concerns had been raised by the trust relating to the contract and their ability to deliver a safe 999 service.
- e) Premier Care Direct: A variety of quality and contract concerns had been raised. Doncaster CCG led this contract on behalf of the other CCGs.
- f) Independent Providers: A follow up inspection of Thornbury Hospital would be undertaken by the CQC as the hospital had been rated as Requiring Improvement by the CQC in June 2016.
- g) Cygnet Hospital, Sheffield: the hospital had been rated as Requiring Improvement following an inspection by the CQC in November 2017. The CCG was keeping an overview of the hospital in relation to safeguarding.
- h) Care Homes: The Senior Quality Manager – Care Homes / Home Care drew members' attention to the following key issues.
 - i) Jasmine Court: A regional manager brought in to manage this care home, had accepted the support of the CCG's care homes and made significant improvements in the key areas that required improvement. The Chair requested assurance that the issues were being addressed and these improvements would be maintained as the home had continued to be Red rated for nearly a year.
 - ii) St Catherine's Nursing Home: Performance had deteriorated and a meeting would take place with Sheffield City Council (SCC) the following day to discuss, in particular, the home's care planning and its poor management of health conditions.

KM

Finally, the Head of Quality (Acting Deputy Chief Nurse) advised members that concerns relating to cancer services were discussed at contract monitoring meetings.

The Quality Assurance Committee received and noted the update.

iv Provider Focus: Sheffield Children's NHS Foundation Trust (SCHFT)

a) Transition Update

The Senior Quality Manager (Acting Head of Quality) presented this report which provided information on Transition provision within Sheffield Children's NHS Foundation Trust (SCHFT). She advised members that this was one of the issues raised when the CQC had undertaken a full inspection of the trust a couple of years ago.

The Senior Quality Manager (Acting Head of Quality) advised members that the paper referred to a serious incident that had been raised following the suicide of a 16 year old who had been in the process of transitioning. The SI had been raised by SCHFT, although the lead investigator role had been undertaken by SHSCFT as the patient had been under their care at the time. She reported that, following inquest, a Regulation 28 Report to Prevent Future Deaths had been issued by the Coroner to the Secretary of State for Health which had raised a number of key issues around transition of care, including which organisation had the responsibility to care for the patient out of hours. A response to this report had been made jointly by both trusts.

The Senior Quality Manager (Acting Head of Quality) drew members' attention to Appendix 1 which outlined all the issues and Appendix 2 which outlined a detailed action plan and what was being done to mitigate further occurrences. This included looking at further transitions being undertaken at SCHFT, reviewing National Institute for Health and Care Excellence (NICE) guidance and audits around transition, putting a transition co-ordinator in place at SCHFT, and having a six-monthly transition multi-disciplinary (MDT) meeting. There were strong working relationships between both trusts, and they were looking to put systems in place at other organisations, and the transition team was currently looking at how to hand over to GP services. She advised members that there were currently 30 children in Sheffield with very complex needs that were in the process of transitioning. The CCG would be monitoring the transition action plan and holding regular quality review meetings.

The Quality Assurance Committee received and noted the report.

b) SCHFT Patient Experience Report

The Quality Manager Patient Experience presented this report which provided members with providing information about the processes that were in place for handling patient experience data and highlighting potential areas for improvement. She drew members' attention to the key issues and reasons for concern which included a low response rate to the FFT for A&E and outpatients which, however, did benchmark similar to other areas in terms of the CQC. The trust was also not reporting detail of complaints, including the lack of analysis of themes and trends and action planning. She advised that over the last couple of

years the trust had undertaken a lot of work to develop a mission statement with patients and children, and had established a Care Experience Group, which was able to decide its priorities itself, that met monthly, and had a youth forum feeding in.

The Quality Manager Patient Experience advised members that the trust was now looking at triangulating its care experience data which will be reported at QAC. This would include detailed analysis of complaints over time, evaluation, lessons learned, looking at feedback at ward level, and triangulating patient experience data with other evaluations.

Members suggested that it might be useful to include a patient story from Sheffield Children's Hospital in the program of stories going to Governing Body.

SN

Finally, the Senior Quality Manager Patient Experience advised members that one area of concern was that the trust had a lack of resilience in its staff resource in this team, with only a Patient Advice and Liaison Service (PALS) Manager who worked four days a week, and a Band 5 Complaints Manager, who had just left the organisation.

The Quality Assurance Committee received and noted the report.

v Quality in Care Homes Annual Report

The Senior Quality Manager – Care Homes / Home Care presented this report which updated members on performance, activity and improvements in relation to the quality and safety of care home services during 2017/2018. She commented that, even given the staffing issues in the care home team last year, 345 visits had been carried out, including full monitoring visits. She advised members that recruitment to the CCG's team was almost complete, and they were working very closely with the CCG's contacting team to devise a more robust care home contract and quality monitoring process.

With regard to innovation, a care home conference was delivered in October 2016, which had received excellent feedback and would be repeated in June this year. Priorities for 2018/19 include workforce development and training and support and the gathering of information on A&E attendance by patients from care homes.

The Head of Quality (Acting Deputy Chief Nurse) commented that she was impressed, with the amount of innovation that had been undertaken across the CCG.

The Chair advised members that Governing Body had requested an overview of the care homes team's work in the future.

KM

The Quality Assurance Committee received and noted the report.

23/18 Patient Experience Report Quarter 4 Update

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

- a) Sheffield Teaching Hospitals NHS Foundation Trust (STHFT): No new information had been received due to timing of this meeting.
- b) Sheffield Health and Social Care NHS Foundation Trust (SHSCFT): The trust was still not triangulating its patient experience data. Its FFT response rate was really low, although recommendations to use the trust were high. The trust was also not undertaking enough detailed analysis of its complaints.

The Head of Quality (Acting Deputy Chief Nurse) advised members that she would discuss with the Chair and Quality Manager Patient Experience outside of the meeting with a view as to whether the trust was taking any further action to ensure we see results and improvements. These concerns have been escalated and discussed further with the Director of Quality.

JH/MP/SN

The Quality Assurance Committee received and noted the report.

24/18 Mental Capacity Act (MCA) / Deprivation of Liberty (DoLs) Quarter 4 Update

Members agreed that, as the Nurse Quality Manager MCA/DoLs was unable to attend the meeting, to defer this item to the August QAC meeting.

JH

25/18 Papers for Information

- a) Reporting Schedule for QAC for 2018/19

The Head of Quality (Acting Deputy Chief Nurse) presented this report. She advised that she had no particular issues to bring to members' attention.

The Quality Assurance Committee approved the reporting schedule for the QAC for 2018/19.

- b) Commissioning for Quality Action Plan Quarter 4

The Head of Quality (Acting Deputy Chief Nurse) presented this report which detailed the actions undertaken during 2017/18 and those that would be carried forward to 2018/19 to deliver the strategy and improve quality commissioning within the CCG. She advised members that there were a couple of areas that had not been delivered in 2017/18 that

related to patient safety, safeguarding, and the agreement of a revised joint protocol for the delivery of Personal Health Budgets (PHBs) for people eligible for CHC, which would all roll over to 2018/19.

The Quality Assurance Committee received and noted the report.

c) Patient Experience Strategy Action Plan Quarter 4

The Quality Manager Patient Experience presented this report. She had no particular highlights to draw to members' attention.

The Quality Assurance Committee received and noted the report.

d) PRESS Portal Documents Quarter 4 to Date

The Head of Quality (Acting Deputy Chief Nurse) presented this report which listed the latest documents added to the PRESS Portal for Quarter 4 2017/18 and Quarter 1 2018/19.

The Quality Assurance Committee received and noted the report.

e) Medicines Safety Group Quarter 4 Report

The Head of Quality (Acting Deputy Chief Nurse) presented this report which reported on the matters considered at the Medicines Safety Group (MSG) meeting held in March 2018. She advised that the main discussion at the meeting had been around safety alerts.

The Quality Assurance Committee received and noted the report.

f) Sheffield Controlled Drug LIN Quarter 3 Report

The Head of Quality (Acting Deputy Chief Nurse) presented this report which provided the QAC with evidence of the monitoring of controlled drug prescribing. She reminded members that when we became a CCG it had been agreed that the QAC would receive these reports instead of Governing Body.

The Chair queried as to why there were no themes and trends included in the report and no details of actions that would have been taken in respect of occurrences involving controlled drugs. The Head of Quality (Acting Deputy Chief Nurse) agreed to discuss this with the CCG's Deputy Head of Medicines Management and review the report for future meetings to establish if learning points can be included and to invite him to attend QAC in August. She also suggested that he could present the report to the Locality meetings he attended, with a view to sharing issues effectively and showing how practices had changed and improved.

The Quality Assurance Committee received and noted the report.

JH/RC

26/18 Clinical Policies

a) Continuing Healthcare (CHC) and Funded Nursing Care Appeal Procedure (Adults)

Ms Emma Green, CHC Operational Service Integration and Business Function Lead, was in attendance for this item, and presented this report which outlined the revised procedure for appeals in accordance with the National Framework as well as the roles and responsibilities of NHS Sheffield CCG Continuing Healthcare (CHC) Team with regard to reviewing eligibility decisions. The Quality Manager Patient Experience advised members that she had suggested that the policy be presented to the Readers' Panel, and that an easy read version of the policy, with an accompanying leaflet, should be developed to ensure that the process was understandable for members of the public. The Equality Impact Assessment (EIA) would also need to be shared with the CCG's equality lead and with the Readers' Panel for comment.

EG

The Quality Assurance Committee approved the Continuing Healthcare (CHC) and Funded Nursing Care Appeal Procedure (Adults), subject to further discussions taking place, and amendments made, as noted above.

b) Continuing Healthcare (CHC) and Funded Nursing Care Appeal Procedure (Children)

Ms Scarlett Milward, Children's Commissioning Manager, was in attendance for this item and presented this new policy which outlined the revised procedure for appeals in accordance with the National Framework as well as the roles and responsibilities of NHS Sheffield CCG Children's Continuing Healthcare (CHC) Team with regard to applying eligibility decisions. It was for patient use and the plan was for it to be placed on the website and the PRESS Portal. She advised there were also individual Standard Operating Procedures for staff and patients and their families respectively.

She advised members that the purpose for this document was to refresh and highlight that there were separate policies for adults and children, and to align the national guidance to local practices. The Quality Manager Patient Experience advised members that she had suggested changes in relation to the complaints procedure towards the end of the document, and also advised that discussions would take place over the next few days in relation to how to monitor patient satisfaction. The EIA needed to be completed, and this policy would also need to be shared with the Readers' Panel and would have a user friendly version.

The Quality Assurance Committee approved the Continuing Healthcare (CHC) and Funded Nursing Care Appeal Procedure (Children), subject to further discussions taking place, and amendments made, as noted above.

27/18 Key messages to Governing Body

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

- In relation to primary care, effective mechanisms to share good practice from the CQC visits, need to be established i.e. neighbourhood events, to drive improvements in primary care.
- SHSCT does not adequately triangulate patient experience information and other patient safety issues.
- The work that SCHFT had demonstrated they had undertaken to improve patient experience and engagement
- The Care Home team annual report and significant innovation that has been undertaken.
- The patient story programme that would be presented to Governing Body throughout the year.

28/18 Any Other Business

Conflicts of Interests Mandatory Training

The Chair reminded members that, as members of the committee, they needed to complete the mandatory module 1 conflicts of interests training. She advised that the CCG had to provide details of compliance with the training for members of the CCG's Governing Body and its high level committees and sub committees. The target for completion was 30 April 2018 but the reporting period was by the end of May 2018.

There was no further business to discuss this month.

29/18 Date and Time of Next Meeting

Thursday 30 August 2018, **2.00 pm – 4.00 pm**, 722 Boardroom

All to note