

**Report from Quality Assurance Committee  
 meeting held on 8 March 2018**

Item 23i

**Governing Body meeting**

**3 May 2018**

<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 8 March 2018 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 8 March 2018 meeting	
<b>Governing Body Assurance Framework</b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b> 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..	
<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 8 March 2018

### Governing Body meeting

3 May 2018

#### EXECUTIVE SUMMARY

- The committee had a focused discussion around the performance of patient transport services (PTS). They noted, in particular, the detail of a serious incident that had occurred in October whereby a GP Urgent call had been transferred by the Yorkshire ambulance Service NHS Trust (YAS) YAS PTS to 999, who had then re-triaged it as a lower transport time requirement, resulting in a delay for the patient. An action plan had been developed whereby all parties had agreed to deliver on their actions, which was being monitored by the CCG at both the contract management board (CMB) meeting and followed through at the system wide transport meetings.
- Members had noted that the position relating to previous problems regarding governance at Sheffield Children's NHS Foundation Trust (SCHFT) was now improving.
- The committee's concerns that Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) did not triangulate its patient experience and data around mental health were noted. They also noted that the trust had not benchmarked well on the CQC's Community Mental Health Survey 2017, but had prepared an action plan in response to that. However, it was felt that having a consultation on the community mental health team reorganisation at the same time as the survey had taken place could have impacted on the results of the survey.
- Members approved a new Press Portal Document Management Process which they felt would be a real help to the CCG and Member practice, as it would ensure more robust arrangements and provide a consistent approach for ensuring that all new and existing documents due for review would be appropriately developed and managed in accordance with information governance principles and best practice. There would now be a requirement for the committee to receive and approve the list of newly approved documents that had been uploaded onto the PRESS Portal.
- The committee received the findings from a review undertaken by the CCG's Internal Auditors (360 Assurance), of the organisation's quality governance system. They noted the **Significant Assurance** that had been given that the risk management activities and controls were suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was

effectively managed during the period under review, with just a few minor recommendations for implementation by the CCG. Although the Quality Assurance Committee (QAC) had featured very highly throughout the report, they felt that consideration needed to be given by Governing Body as to how quality was delivering, and this could link in to deliver the strategic aims of the organisation, which was there but needed to be made more explicit.

**Unadopted Minutes of the Quality Assurance Committee meeting  
held on Thursday 8 March 2018, 1.30 – 3.30 pm  
in the Boardroom at 722 Prince of Wales Road, Darnall**

**Present:**

Ms Amanda Forrest, Lay Member (Chair)  
 Professor Mark Gamsu, Lay Member (from item 09/18(a))  
 Ms Jane Harriman, Head of Quality (Acting Deputy Chief Nurse)  
 Dr Terry Hudson, GB GP Member  
 Dr Marion Sloan, GB GP Member (from item 10/18)

**In attendance:**

Mrs Janet Beardsley, Senior Quality Manager  
 Dr Sue Berry, Senior Quality Lead, Urgent Care  
 Mr Tony Clarke, Healthwatch Sheffield  
 Mrs Carol Henderson, Committee Secretary / PA to Director of Finance  
 Mr Tony Maltby, Healthwatch Sheffield Representative  
 Ms Karan Massey, Senior Quality Manager – Care Homes / Home Care  
 Mr Ricardo Moreira, Quality Officer Urgent Care (observing)  
 Ms Bev Ryton, Quality Manager Clinical Audit and Effectiveness (for item 13/18(a))  
 Ms Sarah Neil, Quality Manager Patient Experience  
 Mrs Maggie Sherlock, Senior Quality Manager  
 Ms Debbie Stovin, Commissioning Manager Elective Care (for item 13/18(a))

Item	ACTION
<p><b>05/18 Welcomes, Introductions and Apologies</b></p> <p>Apologies from voting members had been received from Dr Zak McMurray, Medical Director, Ms Debbie Morton, Deputy Chief Nurse, Ms Mandy Philbin, Acting Chief Nurse, and Dr Chris Whale, Secondary Care Doctor.</p> <p>The Chair advised members that she would discuss the Secondary Care Doctor's attendance at Quality Assurance Committee (QAC) meetings with him over the next few weeks.</p> <p>Apologies from those normally in attendance had been received from Ms Kay Meats, Client Manager, 360 Assurance.</p> <p>The Chair declared the meeting was not quorate at this stage as Professor Gamsu, Lay Member, and Dr Sloan, Governing Body GP, had still to join the meeting. Any decisions made during this time would need to be ratified when the meeting became quorate.</p> <p>The Chair advised members that Mr Tony Williams, Lay Member, had resigned from Governing Body due to ill health. The recruitment process for the appointment of a new Lay Member was now in-train.</p> <p>She also advised members that item 8: 360 Internal Audit Report Quality</p>	<p><b>AF</b></p>

Governance, which had sent to them for information, would now be discussed as a main agenda item.

Professor Gamsu, Lay Member, joined the meeting at this stage. The Chair declared that the meeting was now quorate. No decisions had been made during this time.

#### **06/18 Declarations of Interest**

The Chair reminded members that they had been asked to declare any 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.

#### **07/18 Minutes of the Meeting held on 30 November 2017**

The minutes of the meeting held on 30 November 2017 were agreed as a correct record, subject to the following amendment:

##### **Providers' Performance: Patient Transport – Contracts (minute 40/18(i)(a) refers)**

##### **First sentence to read as follows:**

... including GP Urgents, and Premier Care Direct (PCD) ...

#### **08/18 Minutes of the Extraordinary Meeting held on 4 January 2018**

The minutes of the meeting held on 4 January 2018 were agreed as a correct record.

#### **09/18 Matters Arising/Actions**

##### **a) Clinical Effectiveness Annual Report 2016/17 (minutes 28/17(a) and 39/17(c) refer)**

Professor Gamsu, Lay Member advised members that he would request that this report be presented to the next meeting of the CCG's Strategic Public Engagement, Experience and Equality Committee (SPEEEC).

**MG**

**b) Policy for the Management of Serious Incidents Reported by Commissioned Service Providers or the Commissioning Function**

The Senior Quality Manager - Commissioning advised members that she had met with Dr Hudson, Governing Body GP, to discuss developing a process for GPs to report serious incidents (SIs), which was in draft at the moment but had a target date of April 2018 for completion.

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

**10/18 Proposed Changes to Quality Assurance Committee Terms of Reference**

The Chair presented proposed changes to the committee's Terms of Reference. She advised members that section 8: reporting arrangements, still needed to be resolved, in respect of whether the committee's minutes should be presented to the CCG's Primary Care Commissioning Committee (PCCC) in addition to the Audit and Integrated Governance Committee (AIGC), as that committee needed to be made aware on an exceptional basis when there were quality issues. The Head of Quality (Acting Deputy Chief Nurse) would discuss a form of words to this effect from the Director of Delivery – Care Outside of Hospital / Primary Care Programme Director.

JH

The Head of Quality (Acting Deputy Chief Nurse) advised members that there were also proposed changes to the groups that reported to the QAC and helped it discharge its responsibilities. In this respect she proposed to draw up a new governance flow chart, and a schedule for the whole year for the next meeting that showed how the QAC was meeting its objectives. Members agreed that this would be helpful and also suggested to review the Terms of Reference for both the SPEEEC and PCCC in terms of linkages to each other. Further proposed changes to the QAC's Terms of Reference would be circulated virtually to members for comment prior to recommending them to Governing Body for approval on 3 May 2018.

JH

JH

JH

**11/18 Providers' Performance**

**i Patient Transport Focus**

Transport Services Assurance Report Quarter 3 and Yorkshire Ambulance Service NHS Trust (YAS) – GP Urgent Update

The Senior Quality Lead, Urgent Care, presented these two reports which provided members with an update on the performance of the Yorkshire Ambulance Service NHS Trust (YAS) (999 / 111/ Patient Transport Services (PTS) and GP Urgent) She drew their attention to the key highlights.

She reminded members that, in 2017 the provision of patient transport

services had undergone a South Yorkshire procurement process which had resulted in YAS being awarded the contract for PTS for the whole of South Yorkshire CCGs and GP Urgent transport for NHS Sheffield CCG. The new contract had started on 1 September 2017, with NHS Sheffield CCG the nominated lead commissioner for these two services on behalf of the other South Yorkshire CCGs. She advised that the renal transport service was provided by Premier Care Direct, with the contract managed by Doncaster CCG. She advised that, as Quality requirements within the contract were 6 monthly, updates on Quality were not expected for another two to three months.

YAS 999: The ambulance response programme (ARP) was now running and being rolled out nationally, with new ambulance quality indicators (AQIs) to be developed. She advised members that the ACQIs around stroke were based on the old system and we would continue with that until the data was received. The organisation was now reporting on a standard mean rather than an 8 minute target, with Category 1 patients currently running at 7 mins 32 secs, which was aggregated across Yorkshire and Humber. The Senior Quality Lead, Urgent Care agreed to add the percentile range to in future reports as this would show the degree of hitting/missing the target.

**SB**

The Senior Quality Lead, Urgent Care, advised members that it had been a difficult winter, and performance may have dropped as the number of delayed handovers with trusts had put an inordinate amount of pressure on services. Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had been particularly challenged during the winter period and through the last quarter, which had led to 999 putting in a team Commander working directly with triage staff. There had been significant handover breaches of over one hour and some over two hours, against a handover target of 15 minutes. This had had a knock on impact on the intra-facility transfers and had caused patients to be readmitted due to failed discharges.

In summary, the Senior Quality Lead, Urgent Care, advised members that she had no concerns at the present time, with no serious incidents (Sis) reported, and no concerns relating to patient complaints, most of which had been related to timeliness of response. We still had a question over YAS's ability to respond to the stroke ACQIs, but both YAS and the ICS are working closely to develop the Hyper Acute Stroke Units (HASU) in terms of redesign of the whole stroke pathway.

#### Ambulance Quality Indicators (ACQIs)

With regard to Stroke 60 which measured the FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyper acute stroke centre within 60 minutes of emergency call connecting to the ambulance service, the Senior Quality Lead, Urgent Care, advised members that YAS were doing really well, achieving 46.5% in September 2017, but being ranked 7/10 of ambulance trusts in England, with due process being followed.

The ACQI for STEMI 150 measured the percentage of patients suffering an ST elevated myocardial infarction that were directly transferred to a Primary Percutaneous Coronary Intervention Centre (PPIC) within 150 minutes of a 999 call. YAS had achieved 78.7% in September 2017 and were ranked 7/10 of ambulance trusts in England, but performance varied considerably across the patch.

Dr Hudson questioned this indicator as it could mean the ambulance had not conveyed the patient to a cardiac system within the time, or had taken them to the wrong place so it was not recognised it was a STEMI. The Senior Quality Lead, Urgent Care, would seek clarification in this regard.

**SB**

ROSC and ROSC UTSTEIN, which measured the proportion of patients that had return of spontaneous circulation on arrival at hospital following resuscitation being commenced / continued by the ambulance service, and the number of patients discharged alive as a proportion of the number of patients who had resuscitation attempted following a cardiac arrest, respectively, were looked at together. Dr Hudson commented that looking at them both together was not going to change the ranking (which were 9/10 and 10/10 of the ambulance trusts in England respectively), and that they did not differentiate what type of cardiac arrest the patient had had, the patient's agenda, any co-morbidities, and which unit they had been taken to. He suggested that it would be helpful to ask YAS to give thoughts on why their rankings were so bad.

The Quality Manager Patient Experience explained that the lack of patient feedback would be due to this going through YAS, not the CCG, but that it was a challenge as to how they got that feedback from a 999 perspective. The Senior Quality Lead, Urgent Care, suggested that, as the number of complaints had remained consistent, this could have been due to the media communications that had been sent out over the winter period, and also that expectations had been set by the 999 service that they were experiencing delays in responding with an ambulance.

The Sheffield Healthwatch representative advised members that there was a feeling at Healthwatch that the whole YAS area is too big and, in this respect, asked if people had died as a result of delays. The Senior Quality Lead, Urgent Care, confirmed that there had been no serious incidents and no patient harm, and there was no evidence to show that delays caused patient harm.

111: Although YAS continued to perform well, they had struggled with staff sickness. They had had a high volume of calls but they had assured the CCG that they had very good staff rotas, and had had no incidents. There were no quality issues but there had been complaints relating to patients wanting an A&E disposition and about not being referred to a GP.

The Chair reminded members that discussions had taken place over the years in relation to a joint approach to procuring 111 and especially around the quality of clinical advice. The Senior Quality Lead, Urgent

Care, advised members that the new 111 service we were in the process of procuring would be 111 with a bolt-on clinical advice service, and were looking at which clinicians would be best situated within that 111 hub.

Patient Transport Services (PTS): The new contract with YAS had started in September 2017. As set out in section 2 of Paper F, there had been one SI in October whereby a GP Urgent call had been transferred by YAS PTS to 999, who had then re-triaged it as a lower transport time requirement, resulting in a delay for the patient. An action plan had been developed whereby all parties had agreed to deliver on their actions, and which was being monitored by the CCG at both the contract management board (CMB) meeting and followed through at the system wide transport meetings.

With regard to complaints, these mainly related to delays in patient collection and to staff attitude. This was still an issue and YAS were working very hard with their call handling staff to try and improve the position.

Performance for PTS had been met for Key Performance Indicator (KPI) 1: The patient's journey inwards and outwards should take no longer than 120 minutes (Target 90%), but remained challenging for KPIs 2 to 5. The data for KPI 2: Patients should arrive at the site of their appointment no more than 120 minutes before their appointment time (Target 90%), and KPI 3: Patients will arrive at their appointment on time (Target 90%), were confused however this has already been highlighted and is being addressed with YAS at the next CMB/Quality meeting.

The new GP Urgents service had started in September 2017, and was a Sheffield-only service originally provided by Arriva. Unfortunately, there had been a lot of problems with delivery of the service at the beginning of the contract, which were outlined at Paper F. This report also included the actual KPIs and targets for YAS, which we would be reviewing at the end of this financial year. There had been one SI, as noted above, which had been addressed through the quality and CMB meetings, although a contract notice had not been issued as performance had improved. With regard to the SI, members noted the number of steps of communication it had taken to get an ambulance to the patient, and that there seemed to be a lack of provision. The Senior Quality Lead, Urgent Care, explained that the contract had been based on last year's volumes the previous two years activities, and that a 15 minute priority handover had been agreed with STHFT, with anything waiting 20 minutes or over to be escalated to director level.

The Quality Assurance Committee

- Received and noted the Transport Services Quality Assurance Report.
- Received and noted the Yorkshire Ambulance Service NHS Trust – GP Urgent Update.

## **ii GP Care Quality Commission (CQC) Report Quarter 3**

Ms Sherlock, Senior Quality Manager, presented this report which provided members with an update on the CQC performance of the general practices within Sheffield CCG. She drew members' attention in particular to the following:

The HUBS extended access satellite units had now been included within the CQC dashboard which had increased the number of practices from 82 to 86. The CQC had completed all inspections, and ratings had now been received for Heely Green practice which had been rated as Good, and Totley practice as Requires Improvement. Assurance had been received from all practices that any outstanding issues raised in previous CQC reports had been addressed. However, issues relating to The Mathews practice were still ongoing, with another focused inspection taking place, from which we had received very limited feedback from the CQC but that the practice had met the regulations. She advised members that, as a CCG, we had been undertaking frequent quality visits, and that the practice had had a number of changes relating to their GP Partnership, and practice staff, one of which had been through CQC inspections in the past, which was reassuring to the CCG. There had also been a change of CQC Manager, who would be undertaking a further inspection of the practice at the end of the following week.

The Chair advised members that an extended discussion regarding quality and contracting issues relating to this practice had taken place at the PCCC in private, and as to whether their action plan was sufficiently robust enough for improvement. She reported that the representatives from the Royal College of General Practitioners (RCGP) would be undertaking a full visit at the practice the following week, and also recognised the huge amount of work going on within the CCG to support the practice to be fit for practice, and with the CCG's quality team reassured that patients were getting a safe and satisfactory service.

Dr Hudson commented that it might be helpful to also report on the six clinical domains that go across all the practices, which could be linked to the Protected Learning Initiative (PLI) programme and could benefit the whole system as we could see where we could perform better as a city. The Senior Quality Manager agreed to take this forward.

**MSh**

The Quality Assurance Committee received and noted the report.

## **iii Framework for Managing General Practice Performance**

The Senior Quality Manager gave an oral update and advised members that the proposed framework would be presented to the PCCC on 22 March 2018, and had been built around NHS England Assurance Framework. She reported that, whilst it was not a new process, there would be a new Primary Care Resilience Group which would feed into both the PCCC and QAC. An update would be presented to the QAC in

**MSh**

May 2018.

### **iv Provider Summary Performance Quarter 3**

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 3. She drew members' attention to the key highlights.

The new report was based on the template used across the whole of Yorkshire and the Humber on the reporting around the Quality Surveillance Group (QSG). We had rated performance in our own way, with Red as serious, except for care homes which were scored slightly different due to the Local Authority scoring system. The report reflected all of the issues they believed as a Quality team needed escalating.

The Chair commented that many of the issues were not new and had been around for a long time and that, as a provider, it must be difficult for organisations to be receiving mixed messages as they were rated one way by the CQC and another way by ourselves relating to the issues we have with them.

The Head of Quality (Acting Deputy Chief Nurse) advised members that, due to staffing sickness issues at SCHFT, the trust had gone out to advert to a recruitment agency for staff to undertake SI investigations within their governance team. Mrs Janet Beardsley, Senior Quality Manager, reported that she had this as a concern with the trust and had requested a robust plan on which the CCG had offered to help on the Root Cause Analysis (RCAs) of SIs. 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 in place.

With regard to nursing homes, Ms Karan Massey, Senior Quality Manager – Care Homes / Home Care, advised members that there had been some improvement at Jasmin Court, which was rated Red, with a regional manager brought in and who had made a lot of changes. She advised that the CCG would be stepping up visits to support the home, with the plan, that had the agreement of the home, being to leave them in Red and to keep up that monitoring,

The Senior Quality Manager – Care Homes / Home Care, advised members that Ever Healthcare's contract with Sheffield City Council had expired in Quarter 2 when the provider was rated Amber. She reported that the CCG had one CHC funded service user remaining in their care even though SCC had finished the contract. The Head of Quality (Acting Deputy Chief Nurse) advised that she would provide a separate confidential update on this issue to all members.

**JH**

Finally, Dr Hudson asked if future reports could show where a home had changed its rating.

**KM**

The Quality Assurance Committee noted the update.

## **12/18 Patient Experience Report Quarter 3 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)**

- i) The response rate for the Community Health Family and Friends Test (FFT) at STHFT had been low for a while and had resulted in the trust undertaking a 'deep dive'. However, it was hard to benchmark against other trusts, and patients often did not know which service they were being asked to comment on so, in response to that, the wording of the service had been changed to reference the day they were seen.
- ii) The number of complaints at STHFT had remained constant for the last 18 months, whereas it was increasing for other providers. One of the highest numbers of complaints at the trust, compared to other care groups, related to head and neck services and was a repeated recurring occurrence. The trust had been asked to look at their data to ascertain if there were any recurring trends / themes.

### **b) Sheffield Children's NHS Foundation Trust (SCHFT)**

The trust was undertaking a number of actions to try and improve its low response rates, with a number of initiatives being trialled. The results of the Care Quality Commission (CQC) Children and Young People's Survey 2016 had been published in December 2017, with them benchmarking better than other trusts in the area on the type of ward they had stayed on, but not on the suitability of the ward.

CQC Children and Young People's Survey 2016, published December 2017

### **c) Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)**

At the last QAC meeting members had noted that their engagement strategy was really strong, however, due to several changes of staff, the CCG had had to meet with them regarding implementing areas of the strategy. Members raised concerns that the trust did not triangulate its patient experience and data around mental health. The trust had also not benchmarked well on the CQC's Community Mental Health Survey 2017, published in November 2017, and had prepared an action plan in response to that. The trust felt that having a consultation on the community mental health team reorganisation at the same time as the survey had taken place could have impacted on the results.

The Quality Assurance Committee received and noted the report.

## 13/18 Clinical Policies

### a) PRESS Portal Document Management Process

Ms Bev Ryton, Quality Manager Clinical Audit and Effectiveness, and Ms Debbie Stovin, Commissioning Manager Elective Care, were in attendance for this item, and presented this new procedure which, they advised, would ensure more robust arrangements and provide a consistent approach for ensuring that all new and existing documents due for review would be appropriately developed and managed in accordance with information governance principles and best practice.

Dr Hudson commented that he was reassured that the procedure covered, amongst other things, document and version control. It was also reassuring to have a search engine with a naming convention that would use an alphabetical list to group documents together by speciality and document type, and to have documents standardised so they could be accessed on the two systems used by general practice.

The Head of Quality (Acting Chief Nurse) advised members that there would now be a requirement for the committee to receive and approve the list of newly approved documents that had been uploaded onto the PRESS Portal.

The Quality Assurance Committee approved the PRESS Portal Document Management Process.

### b) Compliments and Complaints Policy

The Head of Quality (Acting Chief Nurse) presented this revised policy. She advised members that the major change were in respect of complaints regarding offers of care made by the Continuing Health Care (CHC) resource panel would now be handled under the CHC Appeals Procedure.

The Quality Assurance Committee approved the Compliments and Complaints Policy

## 14/18 Papers for Information

The Quality Assurance Committee formally noted the following reports:

- 360 Internal Audit Report Individual Funding Requests (IFR).
- Never Event – National Update February 2018.
- Provider Focus May 2018 Meeting – Sheffield Children's NHS Foundation Trust (SCHFT).
- Medicines Safety Group Quarter 3 Report.
- Sheffield Controlled Drug LIN Quarter 2 Report.

## **15/18 360 Internal Audit Report Quality Governance**

The Head of Quality (Acting Chief Nurse) presented this report which reported on the findings of the CCG's Internal Auditor's (360 Assurance) review of the organisation's quality governance system, and gave **Significant Assurance that** the risk management activities and controls were suitably designed, and were operating with sufficient effectiveness, to provide reasonable assurance that the control environment was effectively managed during the period under review. She advised members that the report had now been approved by the CCG and would be formally signed off by the Audit and Integrated Governance Committee. She advised that the Quality Assurance Committee featured very highly throughout the report, and that there were a few minor recommendations for implementation by the CCG and these were discussed earlier in the meeting

The Chair commented that she would be giving a key message to Governing Body that consideration needed to be given as to how quality was delivering could link in to deliver the strategic aims of the organisation, which was there but needed to be made more explicit. This was something that could be discussed at a Governing Body OD session, rather than a formal meeting, and there was a responsibility for Governing Body to set this expectation.

The Quality Assurance Committee received and noted the report.

## **15/18 Key messages to Governing Body**

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

- The committee's concerns around the ambulance service, especially relating to the GP Urgents Serious Incident.
- The problems there have been with the governance at SCHFT, although the position was now improving.
- The CQC community mental health survey and the issue relating to governance.
- The committee's concerns that SHSCFT does not triangulate its patient experience and data around mental health.
- The new Press Portal would be a real help to the CCG and Member practices.
- The audit of quality governance report and what it means for the CCG.

## **16/18 Any Other Business**

There was no further business to discuss this month.

## **17/18 Date and Time of Next Meeting**

Thursday 10 May 2018, 1.30 pm – 3.30 pm, 722 Boardroom  
Apologies for this meeting were received from Dr Hudson.