******NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**QUALITY COMMITTEE MINUTES**

**Thursday 12th January 2017**

**9.30-11.30**

**Seminar Room 1, the Roxton Practice, DN40 1JW**

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| **PRESENT** | | Juliette Cosgrove (JC) - Clinical Lay Member of the CCG Governing Body (Chair) | |
|  | | Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott | |
|  | | Jan Haxby (JH) – Director of Quality and Nursing | |
|  | | Lydia Golby (LG) – Nursing Lead for Quality | |
|  | | Gemma Mazingham (GM) – Patient and Client Experience Manager | |
|  | | Philip Bond (PB) – Lay Member of Public and Patient Involvement | |
|  | | Bernard Henry (BH) - Lay Member, Community Forum | |
|  | | April Baker (AB) – Lay Member, Community Forum | |
|  | | Gary Johnson (GJ) – Patient Safety Lead | |
|  | | Peter Hudson (PH) – Clinical Nurse for Quality | |
|  | | Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL)  Michelle Thompson (MT) – Assistant Director of Service Planning and Redesign | |
| **IN ATTENDANCE** | | Paul Glazebrook (PG) – Lay Member, Representative from Health watch  Eddie McCabe (EM) – Assistant Director – Contracting and Performance  Carrie Cranston (CC) – PA to Executive Office (Minute Taker) | |
|  | |  | |
| **APOLOGIES** | | Ann Spencer (AMS) | |
| **ITEM** |  | | **Action** |
| **1.** | **Apologies** | |  |
|  | As noted above. | |  |
| **2.** | **Introductions and Declaration of Interest** | |  |
|  | Introductions around the table were made. No declarations of interest were noted. | |  |
| **3.** | **Minutes & Action Summary from the last Meeting** | |  |
|  | It was noted that there are increasingly a large number of complex papers for this meeting – sign of the developments being made in the Quality Team.  It was suggested that perhaps executive summaries could be circulated to pick up on any significant details and this in turn may provide a better understanding for the lay members and it may also help for it to be noted on the agenda whether it is necessary for whole documents to be read prior to the meeting as opposed to them being shared for information and reference.  **ACTION – Executive summaries to be circulated prior to the meeting and documents shared for reference to be clearly marked as such.**  **Minutes**  The minutes of the last meeting were agreed and approved as an accurate record.  **Action Summary**  Items on the Summary of Actions arising from the last meeting were talked through and updated and deemed either to be discussed under items on this agenda or as having been completed or to be added to future agenda with dates, with the exception of those listed below:  **Item 6 - Risk Register** – It has been agreed that JH will attend the next IG&A Committee meeting in March 2017 to highlight any identified risks and she plans to attend at least twice a year.  Poor attendance at QC meetings was marked as an action under any other business as it was felt that some key members from the commissioning team were absent at multiple meetings and JH clarified that she will pick this up at a DCU and update at the February meeting.  **ACTION – Low attendance to be picked up at DCU** | | **AMS**  **JH** |
| **4.** | **Review of Terms of Reference**  **Review attendance at QC meetings for 2017** | |  |
|  | The Terms of Reference document for the Quality Committee is due for review by the end of February and within this, there will be a need to clarify whether the correct membership is listed and if not, to decide who the correct people are to attend.  It is important that the knowledge that members have is utilised correctly so that providers can be challenged as required. Some only attend if there is an issue specific to them on the agenda but sometimes it helps to attend regularly to build on the knowledge of how quality operates and the themes and trends in the system to aid system awareness.  The group queried as to how the structure of the reports and papers could be amended going forward to allow better triangulation of information and how an exec summary could be submitted to the CCG Partnership Board meetings to better demonstrate what needs to be escalated to the board.  It was suggested that perhaps themed agendas could be set to enable the relevant people to be invited to attend and this conversation will continue within the Quality Team meetings to see how this could be developed.  With regard to the terms of reference document, PB pointed out that the document states that the Quality Committee is a committee of the CCG and should this read as the Partnership Board and it states that a Partnership Board lay member should attend the Quality Committee, JH will clarify this to ensure that it is correctly recorded in the document.  AS also noted that if she is unable to attend, then the meeting would not be quorate as she is the only GP on the committee membership, she suggested that perhaps another clinician who isn’t a GP be invited to join the membership of the committee or the quorate reconsidered.  EM will be attending today’s meeting as the Assistant Director for Contracting and Performance but this may need to be amended within the terms of reference document when reconsidering the membership.  The duties and responsibility section of the document includes the work carried out by the triangle members, the effectiveness and challenge of services and delivery of evidence based care and the need for a clear strategy around hearing the voice of service users and their experiences.  JH will approach Claire Stocks, Corporate Assurance Officer for her to confirm whether the committee are picking up on the correct areas as set out within the CCG constitution, as a sub-committee of the Partnership Board.  It was suggested that the terms of reference document are the focus of a future Quality workshop and that this discussion could go towards building a base for future meeting agendas and mapped against the membership. An annual plan needs to accompany the document and this can then be submitted to the Partnership Board to ensure that they are aware of exactly how the Quality Committee operates.  AMS will be asked to set this up as the focus for the first workshop of 2017.  The importance of note taking and ensuring that any challenges made to commissioners are recorded was also raised and will provide assurance to CQC.  **ACTIONS –**  **Themed agendas to be discussed at the Quality Team meetings.**  **JH will clarify whether the Quality Committee is a committee of the CCG or Partnership Board.**  **A clinician (non GP) to be invited to join the membership of the committee.**  **JH will approach Claire Stocks, Corporate Assurance Officer for her to confirm whether the committee are picking up on the correct areas as set out within the CCG constitution, as a sub-committee of the Partnership Board.** | | **Quality Team**  **JH**  **JH**  **JH** |
| **SAFETY** | | | |
| **5.** | **Triangulation of intelligence** | |  |
|  | JH explained that the quality team have collated all of the information sources available for commissioners to be able to challenge providers and have a flow chart to demonstrate where intelligence is gathered. For example, this could come via the incident app or ask us portal and anything that has been recorded on a system can be used as evidence.  LG, GJ and GM will be presenting the document at the CCG timeout on the 17th January 2017.  All of the intelligence gathered allows themes and trends to be identified and is logged on internal intelligence systems.  Those organisations that do not have access to the incident app can log any incidents via the use of secure email address. All serious incidents are entered onto the STEIS system/reported to the CCG via the SI inbox and GJ is also able to monitor those that have been communicated straight to the providers.  All of this intelligence is monitored for emerging themes and trends and fed into monthly reports in order to escalate as appropriate.  If a trend is identified, there may be the need for a deep dive to be carried out and this would then be fed into the Noise in the system process to clarify whether an assurance visit is required.  The idea is to work with providers to address concerns and to continue to monitor them even when improvements have been seen, until they reach the required standard.  The NHSE quality tool will be triggered if concerns are not appropriately addressed and the NPSA 5x5 risk matrix would be applied to assess whether any risks are controlled or uncontrolled, in order to take further actions.  GJ added that data pulled through from NHSE will be the latest data available on that day and once this is launched as a national tool it will be used to benchmark for quality profiles.  It was queried as to how out of area complaints are monitored and it was clarified that once received they are logged on the internal database but this would be the responsibility of the lead commissioner within that area, to pick up within their individual contract processes.  Within health any complaints are picked up through the contract management processes and the Friends and Family Test results are received from the trust and fed into the quality framework. However, the providers themselves analyse the data and we only receive their interpretation of their Complaints data – not the raw data. Friends and Family Test response data is published nationally.  It was queried as to how a deep dive requirement is identified and LG explained that there are set criteria although historically they have been carried out when themes have emerged. Any themes and trends will also be fed to the commissioning lead for them to feed into their provider meetings.  The output is monitored within the quality team via an assigned action log and once complete a meeting will take place to agree whether assurance has been achieved or for further challenge to the provider.  NLAG are currently carrying out a patient admin and clinical admin review (CAR) in order to track progress on any assigned actions and if they feel that appropriate progress hasn’t been made, this would be fed into their quality review meetings.  Any reports on serious concerns will be fed back into the Quality Committee meetings along with an executive summary of the NITS group and this will in turn be fed into the Partnership Board for assurance.  Positive intelligence and assurance also needs to be communicated along with examples of good practice, although this kind of feedback is ad-hoc and often received by chance. It was suggested that perhaps, the various providers could attend an event to communicate what has gone well within each year.  **ACTION – Event to be organised to celebrate positive achievements** | | **JH** |
| **6.** | **SI reports**   * **October 2016** * **November 2016** * **December 2016** | |  |
|  | Gary Johnson asked that the October and November 2016 reports be taken as read and he talked through the December 2016 report.  He feels that the increase in reporting shown within the report is most likely as a result of providers becoming more risk aware leading to a rise in the number of incidents submitted.  Pressure sores have been identified within the SI group as a theme within the last five months of reporting and GJ will produce a summary report to feedback to JH and LG, which will also be fed into the CPG contract meeting.  Within NLAG, there were four non assured SLA reviews which have now been assured by the Trust although an additional four were reported late on in December, bringing the total for the year to eight.  Categories for incidents have now been incorporated into the report and deep dives will take place as required, if recurring themes are identified.  NLAG reported 14 serious incidents in relation to 12 hour breaches, which all took place at Scunthorpe Hospital and were all North Lincolnshire based patients.  One never event was reported at Diana, Princess of Wales Hospital for the wrong hip implant being inserted.  *Eddie McCabe joined the meeting.*  The question was asked as to why so many more 12-hour trolley breaches are reported within North Lincolnshire and JH clarified that she has requested this information from Andy Ombler and JC and will clarify once received.  As there has been a rise in calls directed to the SPA within North East Lincolnshire, this could be reason why a lot of in hospital activity has been diverted, whereas North Lincolnshire don’t yet have this function.  NEL also have a Paediatric Assessment Unit although increasing numbers of patients are now being seen on the children’s ward as the beds are full in the assessment unit, due to an increase in Paediatric admissions. It was suggested that this should be challenged by the Quality Team as to the reasons why and information will be requested from the provider in time for the February meeting.  A Minor Ailment Scheme is also in place within NEL which may have helped with the demand along with the information that has been made available around access points locally which may have made people think twice about attending the hospital.  It was asked that a brief update be provided at the February meeting, around what has made a difference to the decrease in demand overall within NEL and what could be implemented within NL to make improvements and also to provide challenge to NLAG around the Scunthorpe Hospital site.  EM added that attendances are monitored through the A & E resilience group and NL have been highlighted as one of the more fragile deliverers of A & E nationally although relatively low at 90% with regards to the four hour wait. The issues are more likely to be with regard to serious incidents and 12 hour trolley waits as the Trust is looked at as a whole, even though it is the Scunthorpe site where the majority of the issues originate.  It is key to note that we have been informed of two SI’s in EMAS, a few days before the scrutiny process is due to occur. This is out of usual process. We will facilitate the request to review but highlight that the process between NEL CCG and NHS Hardwick has fallen down at some point and will need to be improved to ensure this does not happen again.  **ACTIONS –**  **Provider to be asked for information around why Paediatric admissions have increased, prior to the February meeting.**  **It was asked that a brief update be provided at the February meeting, around what has made a difference to the decrease in the overall demand within NEL and what could be implemented within NL to make improvements.**  **Strengthen SI process with NHS Hardwick re: EMAS.** | | **GJ?**  **JH**  **GJ** |
| **7.** | **NL&G CQC Action Plan** | |  |
|  | PH gave an overview of what NELCCG are doing as commissioners to scrutinise the plan, which was published after the last CQC visit.  The CCG are required to attend monthly stakeholder meetings in order to track the progress and actions and within the report, those in blue have been Embedded already.  There are three actions of particular concern to the CCG, within the Quality contract review:   * Cancellation of appointments * Ophthalmology backlog * Breaches for mixed sex accommodation.   Any patients not at critical care level cannot be within mixed sex accommodation. If breaches are not being declared as required, then an assurance visit would need to take place.  The Patient Pathway Oversight group have raised issues around the clinical admin review although LG attends these meetings and reported that they are largely positive apart from with regard to mixed sex accommodation. | |  |
| **EFFECTIVE CARE** | | | |
| **8.** | **CQUINS – Share CQUIN Proposals 2017/18** | |  |
|  | EM has received a CQUINS handover from Chloe Nicholson who has now moved to NLCCG and has reviewed the position for major providers.  Jackie France is leading on e-referrals, which should be in place by September 2017 and with her move to NLAG, she will be aware of the challenges faced and has approval to pick this up within her new role. | |  |
| **9.** | **Quality Committee Workshops**   * **Proposed framework for QC workshops** | |  |
|  | LG has a proposal for three workshops to be held during 2017 as detailed below:   * **Workshop to review the terms of reference document and committee membership**   As discussed earlier on the agenda.   * **What is good quality and outstanding care**   To include; lines of enquiry within the CQC for different providers and for a representative from the CQC to attend to look at those rated as outstanding and which types of evidence were submitted to support.  LG advised that there are quality case studies available on the NICE website and that the workshop could include these and also look at how providers have implemented NICE guidance. Providers could also be asked to attend and present share good practice and any internal or external recognitions of excellence that they have received.   * **Learning from incidents and serious incidents**   There is a lack of learning shared nationally with patients and there is a need for a discussion around how this intelligence can be better communicated.  A Serious Incident Framework workshop took place recently to discuss what provides good assurance to us as commissioners and this could be opened up to both health and nursing/care homes within two separate workshops.  Further communication is also required around how to report incidents, methods for understanding why an incident has occurred and to involve patients within serious incident investigations to share learning.  Happy to agree to these proposals and also workshop around TOR as discussed earlier.  The committee agreed that the workshops should be at least four hours in length and if possible to be held at Wellington Street if they happen to take place on the same day as the Partnership Board.  The committee agreed that they were happy with the proposed topics for the workshops and Ann Spencer will be asked to put together a list of proposed dates and times.  **ACTION – Ann Spencer to set up a list of proposed dates and times for the workshops.** | | **AS** |
| **PATIENT/CLIENT EXPERIENCE** | | | |
| **10.** | **Q3 Complaints and Representations Report** | |  |
|  | GM reported that there has been an increase between quarter 2 and 3 across the board but quarter 2 was quieter than normal.  Across the PALS service, general practice is the main area of contact with issues varying from requesting a new GP to issues with a consultation.  Within the complaints service there has been a decrease overall but a spike has been seen within NLAG as it appears that patients prefer to direct complaints to the CCG rather than direct to the provider when making a formal complaint.  Requests to the Ombudsman have decreased within quarter 3 and NEL CCG are benchmarking well against the local government Ombudsman.  GM agreed to provide additional information around the local population for the next report, to provide further balance.  With regard to the outcome of complaints, a significant number are not upheld although for those that are, a small amount are going over 90 days, with anything over 60 days usually being where the complaint is multi-agency. However, an escalation system has now been implemented where the team are experiencing delays in information being provided.  GM reported that the provider intelligence portal is being well utilised.  Compliments throughout the system remain low although GM feels that patients need further motivation to report whether they have had a good experience.  With regard to themes and trends, there is a consistency across the triangulation process with implementation of care being the largest area of concern across PALS and complaints.  For lessons learned, various service improvements have been made and it was suggested that examples could be discussed at a future workshop as discussed earlier on the agenda.  In conclusion:   * The PALS service have seen a spike in enquiries with regard to the THAMES contract, which was implemented in October 2016 and initially had some issues which have now been resolved. * The Carer’s survey is on-going. * Awareness visits are taking place and are targeting those areas where limited feedback has been received, for example children’s centres, to ask people whether they are happy with the service provided and if not then why not? * A small number of new complaints have been submitted since the start of 2017 and there is a need to ensure escalation to a high level if required.   **ACTION – Gemma Mazingham agreed to provide additional information around the local population for the next report, to provide further balance.** | | **GM** |
| **FOR INFORMATION** | | | |
|  | **Additional Reports/Information** | |  |
|  | These were taken as read. | |  |
| **11.** | **Items to be escalated to the CCG Partnership Board**  **Items to be de-escalated from the CCG Partnership Board** | |  |
|  | It was agreed that the work that has taken place around the triangulation of intelligence and the proposed update to the terms of reference document and proposed quality workshops should be escalated. | | **JH** |
| **12.** | **Any Other Business** | |  |
|  | None raised. | |  |
| **13.** | **Date And Time Of Next Meeting:**  **Thursday 9th February 2017 9.30am – 12.00noon**  **Seminar Room 1, Roxton Practice** | |  |