**QUALITY COMMITTEE MEETING**

**Thursday 14th December 2017**

**9.30 – 12.00 midday**

**Seminar Room 1, The Roxton Practice, Immingham, DN40 1JW**

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| **PRESENT:** | Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott (Present from 10:52)Jan Haxby (JH) – (Chair) Director of Quality and NursingJulie Wilson (JAW) - Assistant Director Programme Delivery & Primary Care (Present from 10:52 until 11:20)Lydia Golby (LG) – (Minute Taker) Nursing Lead for Quality  |
|  | Philip Bond (PB) – Lay Member of Public and Patient Involvement |
|  | Julie Wilburn (JW) – Designated Nurse – Safeguarding Adults and ChildrenJohn Berry (JB) – Quality and Assurance Lead |
| **IN ATTENDANCE:** | Fay Dunderdale (FD) – Quality OfficerDanielle Hook (DH) – Research and Development Manager, North Yorkshire and Humber Research and Development Service. |
| **APOLOGIES:** | Paul Glazebrook (PG) – HealthwatchJuliette Cosgrove (JC) –Clinical Lay Member of the CCG Governing BodySharon Humberstone (SH) – Specialist Nurse for SafeguardingBev Compton (BC) – Director of Adult ServicesBruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA LeadBernard Henry (BH) – Lay Member |
| **ITEM** |  | **Action** |
| **1.** | **Apologies** |  |
|  | Apologies were received from members and representatives as recorded above. |  |
| **2.** | **Introductions and Declaration of Interest** |  |
|  | Danielle Hook was welcomed and introduced to the Quality Committee Meeting. Fay Dunderdale, shadowing Lydia Golby was introduced and welcomed to the meeting. The Chair drew attention to the Declaration of Interest information provided to all members and attendees and asked for any declaration to be made; at that time or during the meeting should any declarations of interest arise - none were voiced. |  |
| **3.** | **Minutes from the Meeting 12.10.2017****Action Summary from 12.10.17**  |  |
|  | **Minutes**The Chair went through the minutes of the October 2017 meeting page by page. The minutes were agreed and ratified as a true and accurate record.**Action Summary**The action log was reviewed and actions were addressed as per the documented log. |  |
| **4.** | **Quarter Two Incident Report** |  |
|  | Lydia presented the Quarter Two Incident Report and highlighted the following key points.Quarter Two has seen a 76% increase in the number of incidents reported when compared with Quarter One (Page 7). This equates to a total of 471 incidents for Quarter Two and 267 incidents reported for Quarter One.Of those where investigation has been requested, 256 incidents, 126 have been reported against NLaG and sent for investigation.With the increase in reporting we have seen the highest reporting categories remain in the highest reporting (Page 18), with the exception of the ‘Other’ reporting category which has substantially increased. In Quarter Two we commenced recording breach of contract letter notifications in the ‘other’ category; this has impacted the increase in this category. The Access, Appointment, Admission, Transfer and Discharge category increase in reporting has been reviewed and the following has been determined (Page 19):- The notable increases in all of the above categories in comparison to Q1, have been identified as follows;* Access – delay in access to a variety of services across providers
* Appointment – increase in patients waiting for an appointment (comparable with the increase in all reportable incidents during this quarter)
* Admission – 21/30 incidents relate to a GP speciality referral to A&E (due to lack of beds)
* Transfer – due to the number of incidents reported involving the transfer of patients via the non-emergency transport provider TASL
* Discharge - increase comparable to all reportable incidents during this quarter

The Committee recognised the depth of intelligence received through this medium and discussed the implications on the capacity of the team.Action was agreed for JAW to raise non-reporting with Practices, to enable an open and candid discussion to understand why incidents have not been reported on the Incident Application. Members agreed to ratify the report. |  |
| **5.** | **Safeguarding Update** |  |
|  | The paper was taken as read and the content was discussed by the Committee. Learning from LeDeR and anecdotal feedback indicate that there are problems in the system regarding documenting and diagnosing learning disabilities. Members suggested that a learning event on the PTL for defining learning disabilities may be useful.The CCG is 98% compliant with Prevent training.There is a directive from NHS E that all NHS Trusts and Foundation Trusts should be 85% compliant with Prevent training by March 2018. NLAG currently has a compliance rate of 15.7% for face-to-face WRAP training and 75.3% for basic awareness. There is a significant risk to the Trusts achievement of this requirement. NEL CCG has sent a letter to providers to request assurance of Prevent arrangements and an action plan to address any outstanding issues.Primary Care Safeguarding benchmarking feedback received from Dr Spalding that the practice found this helpful to complete. The deadline for return, due to the size of the benchmarking data return and the pressures in practice currently has been extended until after Christmas. Safeguarding supervision policy is being updated and will be circulated electronically for ratification.  |  |
| **6.** | **Quality Report** |  |
|  | Lydia Golby presented the Operational Leadership Team Monthly Intelligence Report, Report Date November 2017. This report provides a useful overview of the intelligence in our systems for the month. Members received a verbal quality escalation update report from the Quality Team. The Committee recognised the quality of information held within the CCG intelligence systems and the work of the Team to scrutinise it for themes and trends. Quality surveillance was discussed and the Committee was provided with a position statement. Key risks, mitigating actions and surveillance actions were outlined, discussed and agreed with members. |  |
| **7.** | **NELCCG Infection Prevention and Control Strategy** |  |
|  | The strategy was taken as read and the members discussed the content of the strategy, noting the significance of the work stream. The Committee ratified the document and agreed oversight arrangements for the delivery of the strategy. The Quality Committee agreed to receive and monitor 6 monthly reviews on progress and the impact of the delivery of the strategy until the close of the strategy period. Agreed action to move the ratified document into the NELCCG document template. |  |
| **8.**  | **Research & Development** |  |
|  | The Research and Development Item was moved to the beginning of the agenda. The report was taken as read and the Committee discussed the following items in further detail with Danielle Hook; the number of practices in North East Lincolnshire (NEL) who can be classed as ‘Research Ready’; the involvement of the Clinical Research Network in NEL; financial opportunities for the CCG; the establishment and work of the Northern Lincolnshire Research and Development Group; Excess Treatment Costs; gap analysis and ‘start up’ opportunities for general practice.North East Lincolnshire is an outlier for the number of practices ‘research ready’ or taking part in research. The Committee discussed opportunities to promote research and to progress this agenda, identifying PTL, meeting with the Skin Cancer Clinicians, Clinical Leads/GP Development Group and next year’s General Practice Quality Scheme as opportunities which need to be explored. The Research and Development Team and Commissioners are working with the Clinical Research Network to explore local development opportunities and to share learning from research.If North East Lincolnshire NHS commissioned providers attain 500+ recruits in a year the CCG receives £20,000. The Northern Lincolnshire Research and Development Group has been established and consists of the Research and Development team’ commissioning representatives, lay representatives and public health. A key piece of work being under taken by a task and finish group is a gap analysis of the evaluation and research standards for commissioners. The group are progressing actions to maximise compliance with the standards articulated in the document for commissioners. The Quality Committee recommended that the Research and Development Team form links with Grimsby University. The Quality Committee were apprised of the current national deliberation on the funding arrangements for excess treatment costs. Currently CCG’s receive a funding allocation to be utilised for excess treatment costs. This arrangement can create variation for the public in access to research opportunities. A central funding process for excess treatment costs is being deliberated. Members discussed the potential benefits and risks which could arise from this potential change. The Committee asked to be apprised of the outcome of the national conversation about excess treatment costs.The Committee thanked Danielle Hook for the informative update report. |  |
| **9.** | **Francis Report** |  |
|  | Lydia Golby provided a verbal update on the progress with the Francis Report recommendations.All recommendations are either partially compliant or fully compliant. Actions are progressing to move the partially compliant recommendations to fully compliant. No unmitigated risks to delivery were identified. |  |
| **10.** | **Transforming Care** |  |
|  | Item withdrawn as speaker was not available to attend.  |  |
| **11.** | **Complaints and PALS Quarter Two Report** |  |
|  | The report was taken as read. John Berry presented the key points and learning from quarter two.In addition to the items included in the report the Customer Care Team are focusing on ensuring information requests enter the CCG through the identified routes to ensure they are managed timely and appropriately, for example MP enquiries. Meetings with each of the MPs have been arranged to progress this.Compliments have reduced, particularly in relation to Focus. Committee members discussed the implications and possible reasons for the reduction. It was noted that the way in which compliments are recorded by Focus has changed which is likely to have impacted the number of compliments recorded.The Committee recognised the importance of informing the public of how we are scrutinising intelligence to challenge and support the quality improvement of the services we commission. Members agreed that communication to the public and the community forum is essential to ensure there is awareness of the level of scrutiny our services are under.  |  |
| **12.** | **Additional Reports/Information:*** **NICE Guidance – July 2017**
* **NICE Guidance – August 2017**

Items noted and received by members. |  |
| **13.** | **Items to be escalated to the CCG Partnership Board****Items to be de-escalated from the CCGT Partnership Board** |  |
|  | The Quality Committee Membership would like to escalate to the board the significant improvement journey the CCG intelligence systems and processes have progressed on over the last few years. The quality of the information received and shared at the Quality Committee was recognised as excellent by the Committee Members. The increase in incident activity has provided a wealth of intelligence for commissioners, but members recognise that there could be a risk to sustaining management of the process within the Quality Teams capacity. The Quality Team are currently reviewing this and are considering different ways to manage the process to ensure levels of intelligence are maintained but the incident process remains manageable and appropriate. The Quality Committee ratified the NELCCG IPC Strategy 2017-2020. The Committee would like to escalate to the Board the complexity and scale of the strategy which has been agreed to be delivered by the Quality Team in conjunction with colleagues, providers and partners. The Quality Committee has agreed to receive and monitor 6 monthly reviews on progress and the impact of the delivery of the strategy until the close of the strategy period. The CCG is 98% compliant with Prevent.There is a directive from NHS E that all NHS Trusts and Foundation Trusts should be 85% compliant with Prevent training by March 2018. NLAG currently has a compliance rate of 15.7% for face-to-face WRAP training and 75.3% for basic awareness. There is a significant risk to the Trusts achievement of this requirement. NEL CCG has sent a letter to providers to request assurance of Prevent arrangements and an action plan to address any outstanding issues.Customer Care are looking at different ways of capturing and recording service compliments. The CCG is currently working with MP’s to smooth the Customer Care process.The Quality Committee membership would like to make the Board aware of what could be a potential financial risk with regards to excess treatment costs. The management and allocation of excess treatment costs budgets is being deliberated by NHSE. Currently CCG’s are allocated a fund for excess treatment costs, when/if the fund isn’t fully utilised it is absorbed by the CCG. If NHSE decide to remove the fund for excess treatment costs, to be managed by NHSE, the CCG would no longer be able to absorb the unutilised funds for other purposes. We await the outcome of the review and will update the board and Quality Committee on the outcome.NEL is an outlier for Primary Care involvement in research and practices being ‘Research Ready’. The Northern Lincolnshire R and D Meeting is working to improve this position. We are considering and working on other ways in the CCG where we could move this position forward, such as events for primary care to promote research activity, links into the PTL and the General Practice Quality Scheme for next year. |  |
| **14.** | **Any Other Business** |  |
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|  | **Date and Time of Next Meeting:****11th January 2018****9.30 am – 12.00 am** **Seminar Room 1, Roxton Practice** |  |