**QUALITY COMMITTEE MEETING**

**Thursday 12th October 2017**

**9.30 – 12.00 midday**

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

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| **PRESENT:** | | Juliette Cosgrove (JC) – Chair, Clinical Lay Member of the CCG Governing Body  Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott  Jan Haxby (JH) – Director of Quality and Nursing  Julie Wilson (JAW) - Assistant Director Programme Delivery & Primary Care Bernard Henry (BH) – Lay Member  Lydia Golby (LG) – Nursing Lead for Quality | |
|  | | Philip Bond (PB) – Lay Member of Public and Patient Involvement | |
|  | | Peter Hudson (PH) – Clinical Nurse for Quality  Sharon Humberstone (SH) – Specialist Nurse for Safeguarding | |
| **IN ATTENDANCE:** | | Paul Glazebrook (PG) – Healthwatch  Emma Overton (EO) – Care and Independence  Ann Spencer – Quality and Nursing Administration Assistant (Minute Taker) | |
| **APOLOGIES:** | | Julie Wilburn (JW) – Designated Nurse – Safeguarding Adults and Children  Bev Compton (BC) – Director of Adult Services  Bruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA Lead  Gary Johnson (GJ) – Patient Safety Lead  John Berry (JB) – Quality and Assurance Lead | |
| **ITEM** |  | | **Action** |
| **1.** | **Apologies** | |  |
|  | Apologies were received from members and representatives as above. | |  |
| **2.** | **Introductions and Declaration of Interest** | |  |
|  | Emma Overton was welcomed and introduced to the Quality Committee 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 - none were voiced. | |  |
| **3.** | **Minutes from the Meeting 10.08.2017**  **Action Summary from 10.08.17** | |  |
|  | **Minutes**  The Chair went through the minutes of the last meeting page by page and there were no matters arising. The minutes were agreed and ratified as a true and accurate record.  **Action Summary**  Action 10.08.17/3 Reports on National Programmes  Jan Haxby responded that this item was included to highlight how the CCG is reporting in Right Care governance arrangements and also so that in future any influencing topics and processes relevant to this committee could be reported in via agenda.  **ACTION: On-going.**  Action 10.08.17/3 NEL CCG Complaints and Representations Report Quarter 4  *Update on Care Home contracts and share details on quality award scheme*. This is moving and becoming part of the core contract. There were benefits of having an understanding of potential changes and how this is progressing.  **ACTION: Bruce Bradshaw to bring to next full meeting to update.** | |  |
| **4.** | **Quality Escalation**   * **Report** * **Dashboard** * **Quality Risk Log & Protocol** | |  |
|  | Lydia Golby reported that the Clinical Lead provider at St Hugh’s hospital had left. Assurance had been received that the Corporate Clinical Lead was on site in the interim for two weeks. Concern was expressed over whether the current lead was also overseeing the site in Wales. It was deemed there was no risk at the moment and that St Hugh’s were very open and willing to work with the CCG.  NAViGO – CQC working with them towards an inspection and feedback from inspector was positive.  Considerable discussion took place around Thames. Concerns raised around the discharge crews’ consistency of training and Infection Prevention Control. The CQC had recently carried out an inspection which was understood to be positive. Healthwatch had raised concerns at a meeting in September particularly around outpatient wait times and having to regularly repeat basic details. Anne Spalding raised concern over EMAS handling of emergencies and Lydia Golby informed that EMAS were moving to a different model of service delivery for response times and were revising categorisation of calls. This needed to be picked up and raised at CoM. Work with Thames, in respect of seeing any improvement had plateaued and several reasons were cited for this; scale and speed of expansion with leadership being spread thinly; contact centre capacity; lack of underpinning with lack of time to deliver a quality service etc. This needed to be escalated formally through the contract and Lydia Golby would update further at the next full meeting.  Lydia Golby presented and talked through the identified risks and trends of the Quality Risk Profile dashboard, this being the document used to assess risk across the Q indicators.   * This was a national tool – NHSE and NHSI requested the information * Joint working with North Lincolnshire. * Not yet shared with NLAG. * To be refreshed in four to six months’ time. * Low risk showed improvement, but overall risk deteriorated.   Discussion took place around the details of risk, particularly with regard to NLAG; being on the list of Trusts of concern and ranking number one in the north; FFT had improved; SHMI being uncontrolled risk but monitored at MACIC which Jan Haxby agreed to share with Quality Committee.  Questions were raised over whether the overall risk had increased or decreased to which the response was there had been an increase on average score but this did not indicate risk had increased – overall as a Trust this had not increased but also had not improved. The reason for this was the CCG were working with risk that was already there but was not known to them until documented and more information was needed. Risk was now open and on the table; risk identified in clinical leadership and assurance was needed. There was a lot of work going on currently. Juliette Cosgrove suggested that it was necessary to have something in place that showed pathways and milestones to give an understanding of risk the public were exposed to in the interim and to understand response timescales.  Paul Glazebrook added that with high risk it was necessary to be aware of the danger areas: Winter Plan, leadership, areas of concern.  Lydia Golby further reported that:   * Conversations were in progress regarding the Quality Risk Log with the Governance Risk team within the CCG. * Management of strategies or corporate risk were on the Risk Register. * Management of Quality Risk Log by Quality Team on local level. * Quality Team currently managing 14 items on Risk Log, with two items recently signed off.   Discussion took place around establishing a threshold for sharing detail of risk and it was agreed that 12-15 would be useful and give sight of increasing risk. This would be shared at next full meeting.  Jan Haxby added that it was important the Quality team remain aware of noise in the system and how helpful NITS reports were.  **ACTION:**   * **JAW to raise at CoM - EMAS moving to a different model of service** * **LG to formally escalate concerns around Thames and report back to next full meeting.** * **JH to share MACIC reports.** * **LG to update on risk at next full meeting.** | |  |
| **5.** | **Safeguarding Update** | |  |
|  | Sharon Humberstone presented the Safeguarding Update and went through the document previously distributed to members.  With regard to Prevent and the changes to its management in April 2018, it was agreed that reassurance was needed for a seamless transition and Sharon Humberstone was asked to check on this.  **ACTION: With regard to the proposed changes in the way Prevent is managed and the anticipated introduction from April 2018 (Operation Dovetail), assurance is sought regarding a seamless transition.** | |  |
| **6.** | **Deep Dives**   * **Pressure Ulcers** * **Medication** * **Discharge** | |  |
|  | Lydia Golby talked through a Powerpoint presentation around discharge, pressure ulcers and medication. The data shared was CCG information reported via the Incident App and was information co-ordinated across the patch ie NLAG and CCG data. The data highlighted themes identified in incidents and was further supported by intelligence from various sources.  Discussion took place around discharge and how improvements could be made.   * Normal pathways were identified as going wrong and there was a need to understand root cause. * On-going issue and impacted in other areas ie SHMI and NLAG need to understand why it was so important to get this right. * Paul Glazebrook highlighted this over a year ago and a workshop was promised but has not taken place. * Emma Overton stated that a good piece of work on discharge had been done in 2015 and it was agreed that this should be shared as the learning from this had not changed. * Anne Spalding stated that discharge letters were more timely; but from A&E they were poor quality.   Following discussion regarding pressure ulcers historically, a need for a workshop was identified in order to bring together relevant parties to share in a deep dive in order to improve outcomes.  Medication was discussed and once again it was identified that more work was needed to correlate with Trust data and to dig deeper to analyse and improve outcomes.  **ACTION:**  **Discharge - LG to bring back in 3 months.**  **Pressure Ulcers - Need for a workshop to focus on pressure ulcers.**  **Medication - Requirement to dig deeper into medication issues.** | |  |
| **7.** | **MCA & DoLs**   * **Update** * **Evaluation of Training Needs Analysis** | |  |
|  | Emma Overton delivered a Powerpoint presentation on the Mental Capacity Act 2015 - Training Review, Analysis and Recommendations. The Mental Capacity Act was now over ten years old and the presentation highlighted concerns regarding training.   * Whether staff were accessing training at an appropriate level (commensurate with their role). * To what degree training is or is not consistent across health and care provision within NEL. * Barriers to accessing training and/or applying learning.   Sixteen recommendations had been made.  This was acknowledged as a good piece of work and identified a real risk locally.  Training was not assured and Emma Overton stood by this work with caveats. This was on the Risk Register and Bruce Bradshaw had adjusted it.  It was agreed that:   * Should any barriers be identified then this item would be escalated. * Feedback in three months’ time. * Bring back as part of Bruce Bradshaw’s update.   An update regarding DoLs was also included within the presentation.  **ACTION:**  **Feedback in three months’ time and bring back as part of BB’s update.** | |  |
| **8.** | **Research & Development** | |  |
|  | This item was deferred to the next full meeting. | |  |
| **9.** | **Complaints and PALS**   * **Annual Report** * **Quarter Update**   **Patient Experience (Patient Story)** | |  |
|  | The Annual Report and Patient Experience (Patient Story) had been shared with members prior to the meeting.  It was deemed that following the poor patient experience, round the table discussion was helpful. After sharing this with committee it was agreed that use of this format to gather further patient insights through an in-depth analysis of the PAL’s/Complaints process would be used. | |  |
| **10.** | **Additional Reports/Information:**   * **NICE Guidance – July 2017** * **NICE Guidance – August 2017** | |  |
|  | The above reports/information were taken as read. | |  |
| **11.** | **Items to be escalated to the CCG Partnership Board**  **Items to be de-escalated from the CCGT Partnership Board** | |  |
|  | Items to be escalated to the CCG Partnership Board:   * MCA (2015) - Training Review, Analysis and Recommendations. * Position of NLAG – Quality Risk Profile. * Deep dives – acknowledge that received – further work required. | |  |
| **12.** | **Any Other Business** | |  |
|  | Peter Hudson and Ann Spencer were thanked for their contributions to the Quality Committee and wished well in the future. | |  |
|  | **Date and Time of Next Meeting:**  **WORKSHOP**  **Thursday 9th November 2017, 9.30 am – 11.30 am**  **Seminar Room 1, Roxton Practice** | |  |