

## QUALITY COMMITTEE MEETING

Thursday 12<sup>th</sup> April 2018

9.30am – 12pm

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

**PRESENT:** Dr Anne Spalding, Clinical Lead for Quality and Caldicott (Chair)  
Lydia Golby, Nursing Lead for Quality  
Philip Bond, Lay Member of Public and Patient Involvement  
Sharon Humberstone, Specialist Nurse for Safeguarding  
Bernard Henry, Lay Member  
Jan Haxby, Director of Quality and Nursing  
Julie Wilson, Assistant Director Programme Delivery & Primary Care

**IN ATTENDANCE:**

**APOLOGIES:** John Berry, Quality Assurance Lead  
Paul Glazebrook, Healthwatch  
Bruce Bradshaw, DoLs (Deprivation of Liberty safeguards) & MCA Lead  
Juliette Cosgrove, Clinical Lay Member of the CCG Governing Body  
Julie Wilburn, Designated Nurse – Safeguarding Adults and Children  
Bev Compton, Director of Adult Services

ITEM		Action
1.	<p><b>Apologies</b></p> <p>Apologies were received from members and representatives as recorded above.</p> <p>Farewell and thank you to Juliette Cosgrove and Paul Glazebrook.</p>	
2.	<p><b>Introductions and Declarations of Interest</b></p> <p>There were no declarations of interest from members and representatives.</p>	
3.	<p><b>Minutes (draft) from:</b></p> <ul style="list-style-type: none"> <li>• <b>Meeting 08.02.18</b> - The notes of the previous meeting were approved as an accurate record.</li> </ul>	
4.	<p><b>Review of Action Log</b></p> <p><b>Action Summary (updated) from:</b></p> <ul style="list-style-type: none"> <li>• <b>Meeting 08.02.18</b></li> </ul> <p>Engagement activity – PB advised that further to the discussion at the last meeting where JB advised that the CCT are doing more work with Accord, the Governing Body had also been informed. Action complete.</p> <p>In relation to the previous discussion around Wound Care, LG advised that the initiative has recently won an award.</p>	

5.	<p><b>Quarter 3 Serious Incident Report</b></p> <p>LG gave an informative summary of the new SI report to ensure that it meets CCG's purpose; that the CCG are able to analyse theme &amp; trend data and/or identify where a provider may not be meeting expectations.</p> <p>BH referred to the cover sheet and in particular the Risk Rating boxes; LG advised that these boxes for this particular report were not applicable. JH added that the cover sheet is a standard cover sheet template that the CCG are required to complete for all reports, and in this case for this report this is being shared for information only.</p> <p>PB commented that an executive summary normally is around key points within the report; to which LG directed PB to page 26 for the findings.  <b>Action: To be amended for the Q4 report.</b></p> <p>With reference to Page 6, amendments to be made to both graphs for Q4 report to align providers for ease of reading.</p> <p>A further recommendation was made by the committee that for NLAG data to identify site the SI occurred. <b>Action: FD to address for Q4 report.</b></p> <p>Referring back to the notable increase in SIs, BH enquired what was the feeling from the CCG on this, is it better reporting or is there a significant problem? LG advised that in speaking with NLAG it feels like they are just becoming better at identifying serious incidents and reporting, rather than an increase in clinical risk, it should be noted that this isn't a significant peak. JH added that her view was that some of the increase in reporting generally does come down to awareness and the result of the CCGs implementation of the incident app and escalation of incidents. The Trust are now reporting in a more open and honest way. PB suggested adding some text to the report to note there maybe reasons why these figures are higher than previous years.</p> <p>Referring to Page 9 of the report, PB enquired if the CCG receives information for other CCG patients. LG advised that the CCG only receive the numbers, there is a joint CCG SI meeting with NLAG that takes place on a monthly basis where CCGs hear the discussion around other CCG SIs. JH advised the committee of how CCGs are informed of an SI and the process that then ensues. LG reassured the committee that the management of SIs is undertaken on a daily basis, SIs are logged on a spreadsheet for all CCGs, and the analysis is undertaken on a monthly basis at the NLAG Collaborative SI meeting. <b>Action: To provide an outline of the process for the committee and the partnership board as requested by JH.</b></p> <p>LG advised that the team wanted to show the lessons learnt for SIs for the service leads. LG clarified for PB that this report is only shared internally within the CCG as some of the sensitive information could make patients identifiable. Adding that for NLAG, as an example, the lessons learnt are their lessons learnt, but the reports are the providers so it would be for them to decide if they wanted to share and share the learning with other providers. JH suggested if there are themes from lessons that the CCG could pull and produce in Risky Matters twice a year for general practice and providers. The main principle of sharing and what is relevant. <b>Action: To discuss further at SI meeting about key learning.</b></p>	<p>FD/LG</p> <p>FD/LG</p> <p>FD/LG</p> <p>FD/LG</p> <p>FD/LG</p> <p>FD/LG</p> <p>LG</p>
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	<p>BH enquired how a report is assured or non-assured? LG advised that the CCG need to know within the SI report that the route cause/contributory factors, lessons learnt and response to these are clearly articulated in the report; if this is not evident then the clinical reviewer would not be in a position to assure the report/action plan at first review.</p>	
<p>6.</p>	<p><b>Quarter 3 Customer Care Team Report</b></p> <p>LG gave an informative summary of the report provided by JB.</p> <p>Statutory complaints: JW clarified that the complaints in the table/graph relate to complaints against the services; i.e. the 12 complaints regarding CCG are complaints about the organisation. <b>Action: JB to clarify for future reports and include page numbers.</b></p> <p>Outcomes and timescales from complaints: The committee recommended that report include the learning here from those complaints that are upheld. <b>Action: JB to include for future reports.</b></p> <p>In addition JH suggested the team consider including couple of case studies/themes or examples for future reports to illustrate the types of 'complaints' received, as the committee had been made aware that complaints vary considerably. JH went on to advise the committee that she would like CCT to move toward similar report structure as the SI report and then look at triangulating the information along with incidents. <b>Action: JB to consider.</b></p> <p>Concerns: LG confirmed that the spike in the category 'other' for Q3 should not be viewed as worrying; the increase is regarding the way feedback had been recorded.</p> <p>Compliments: LG fed back that the team are working on this and try and encourage compliments received including positive patient journeys.</p> <p>Themes &amp; Trends: LG clarified that for both Pals and Complaints the category of 'implementation of care' is where most of the intelligence exists, however this does require further breakdown/analysis to get to the key points. JW gave an example of this where a shared care agreement would have been beneficial to have had in place for ongoing patient care by a GP.</p> <p>Lessons Learned: LG provided summary and informed the committee that information regarding TASL had been escalated to the board.</p> <p>Conclusion &amp; Developments: PB enquired if there was any opportunity to combine teams referring to Health and LA? JH advised that it's possibly more about aligning the processes of what both</p>	<p>JB</p> <p>JB</p> <p>JB</p>

	teams do as opposed to the teams themselves.	
<b>7.</b>	<p><b>Quality Report (Current Position)</b></p> <p>LG provided an informative summary of monthly intelligence for Feb and March to be presented to OLT next week.</p> <p>Notable increase in PU reported SI for Feb for NL, this service is provided in the community by NLAG (these are Grade 3 or 4 or avoidable pressure ulcers).</p> <p>Noted another maternity SI, this is in addition to the 5 reported in December 2017. <b>Action: JH suggested CCG ask NLAG to undertake a deep dive on post-partum SIs.</b></p> <p>In relation to CPG, LG advised that the quality team are undertaking a thematic review of the past 18months of SIs.</p> <p>In relation to the Safeguarding Standards, JH advised that NLAG prevent training target is 85% and they have a plan to address this by end May 2018.</p> <p><b>NITS</b> Since last committee meeting the quality team have held 2 more NITS meetings. The Committee were updated on the NITS meetings and subsequent actions.</p> <p><b>Quality Surveillance</b> LG advised the committee that there are 3 providers currently receiving enhanced quality surveillance by ourselves; NLAG, TASL and St Hughs and the CCG are working with the providers to help them improve. The Committee were updated on the exceptions managed through the Market Intelligence and Failing Services Meetings.</p> <p><b>Site Visits</b> A site visit was undertaken on Monday 9 April 2018 to the Children's Ward and PAU at DPOW. The Team met the new matron; and provided the Trust with feedback on the day.</p> <p>Positive feedback – very friendly/welcoming staff, medical team said felt well supported and rota was OK. Areas where well-presented/clean, risk assessments completed on patient admission.</p> <p>However, there were some risks identified which were shared with the committee.</p>	LG
<b>8.</b>	<p><b>Items to be escalated to the CCG Partnership Board</b></p> <p>SI Report Summary of NITS Explanation of the SI process</p> <p><b>Items to be de-escalated from the CCG Partnership Board</b> Nil</p>	LG LG FD

10.	<p><b>Any Other Business</b></p> <p><b>Future of the Quality Committee</b>          Further to a discussion at the previous meeting, PB commented that he was unsure if there would be sufficient robust challenge if the quality committee was merged with DAC/CCC. JH clarified that all of today's agenda/discussion is really clinical governance, adding that the CCG will be creating a new clinical governance group that will commence within the next quarter that would include lay membership. Some of the agenda items from today's meeting, around policy will go to DAC/CCC agenda.</p> <p>In addition, JH proposed that if the CCG intends on keeping the triangles, she would like to have a quality triangle in place to look at the quality agenda, and would give some external eyes on this, this would also include commissioning and local authority commissioned services along with primary care.</p> <p><b>Peer Feedback</b>          JH advised that the CCG had received its 360 feedback (completed by GPs and providers), some of the results around quality, JH fed back that she was really proud of what the team have achieved, and this was a positive step. However, there are still things that can be learned, to be discussed further at Quality Team meeting.</p> <p>JH also informed the committee of a conversation with a local MP regarding the complaints process advising that it's not only the CCG that receive patient complaints, providers also manage complaints.</p> <p>JH suggested further exploration of FFT, adding that she understood DPOW were sending texts to patients asking if they would recommend NLAG. Unsure if this is still in operation.</p>	
	<p><b>Date And Time Of Next Meeting:</b></p> <p>Meetings take place on 2<sup>nd</sup> Thursday of each month; however 10 May meeting would need to be rescheduled.</p>	<b>LG</b>