**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

**QUALITY COMMITTEE MINUTES**

**Thursday 11th May 2017**

**9.30am – 11.30 am**

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

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| **PRESENT** | | Dr Anne Spalding (AS) - Clinical Lead for Quality and Caldicott  Jan Haxby (JH) – Director of Quality and Nursing  Gary Johnson (GJ) – Patient Safety Lead  Peter Hudson (PH) – Clinical Nurse for Quality  Lydia Golby (LG) – Nursing Lead for Quality | |
|  | | Philip Bond (PB) – Lay Member of Public and Patient Involvement | |
|  | | Bernard Henry (BH) – Lay Member | |
|  | | Bruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA Lead | |
| **IN ATTENDANCE** | | Paul Glazebrook (PG) – Lay Member, Representative from Healthwatch  Ann Spencer (AMS) – Quality and Nursing Administrative Assistant  (Minute-taker)  Tara Filby - Chief Nurse – arrived at 10.00 am, departed 11.15 am  Wendy Booth - Director of Governance & Assurance and Trust Secretary and Acting Deputy Chief Executive – arrived at 10.00 am, departed 11.15 am  Sally Czabaniuk – Engagement Manager, Communications and Engagement Team – arrived 11.30 am, departed 11,50 am | |
| **APOLOGIES** | | Juliette Cosgrove (JC) – Chair, Clinical Lay Member of the CCG Governing Body  Julie Wilburn (JW) – Designated Professional – Safeguarding Adults (NL & NEL)  Julie Wilson (JAW) - Assistant Director Programme Delivery & Primary Care  Lisa Hilder (LH) – Assistant Director of Strategic Planning  Bev Compton (BC) – Acting as Assistant Director of Care and Independence  Bruce Bradshaw (BB) – DoLs (Deprivation of Liberty safeguards) & MCA Lead | |
| **TEM** |  | | **Action** |
| **1.** | **Apologies** | |  |
|  | Apologies were received from members and chair as above. The meeting was chaired by Dr Anne Spalding in Juliette Cosgrove’s absence. | |  |
| **2.** | **Introductions and Declaration of Interest** | |  |
|  | 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 & Action Summary from the Meeting 13.04.17** | |  |
|  | **Minutes**  The Chair went through the minutes of the last meeting page by page and there were no matters arising. The minutes were agreed as a true and accurate record.  **Action Summary**  Action Agreed on 12.01.17 Item No 3  Jan Haxby reported that there had been conversations amongst the Senior Management Team. It was important to say commissioners were part of other sub-committees and therefore could not attend every meeting they were invited to. A solution would be to consider structuring this agenda to focus on a particular area of quality and invite the relevant commissioner to attend. There was some balance to be had, and this had been gained by inviting Julie Wilson, Assistant Director, to join this Committee. The Senior Management Team had also looked at the structure of other groups and sub-groups; with the STP in mind whether different structures were needed going forward. Whether to reshape or re-think what groups need to look like in the future. Performance overlaps with quality and it would be difficult to separate performance out. A meeting would be held before the end of June to discuss further. Jan Haxby reported that there had been talk around DAC to potentially be joined with the Quality Committee. This would allow a broad agenda ie around A&E, Maternity; but some specific agendas would need a clinical governance group, who would drill down into SIs and Incidents, and clinical effectiveness around best practice and safeguarding, plus complaints on a generic basis. This would need to go through a period of consultation.  Lay members made positive comments regarding avoiding duplication of topics, saving staff time; this Committee would need to formulate its agenda to make best use of time and look at delivery; there would need to be adjustment if committees merged to ensure quality is visible within that agenda.  **It was agreed to close this item.**  Action agreed on 12.01.17 Item 5  Discussion had taken place with Ekta Elston to incorporate elements of this into planning workshops going forward.  **It was agreed to close this item.**  Action agreed on 12.01.17 Item 6  12-hour trolley breaches had been lower at DPoW than Scunthorpe and the question to pose to NL and to the Trust was how this had been managed differently at DPoW. Discussion took place around how it was believed this happened but it was agreed that this needed to be a specific question to pose to NL&G by Gary Johnson.  **It was agreed to further ACTION:**  **Gary Johnson to pose question to NL&G over management of 12-hour trolley breaches.**  Action agreed on 09.02.17 Item 4  Terms of Reference (ToR) was agreed and approved and Lydia Golby would forward to IG&A for ratification.  **It was agreed to close this item.**  Action agreed on 13.04.17 Item 6  Claire Stocks had been contacted regarding the RAG rating. It was agreed that the RAG rating would only be used if applicable. The Quality Committee Administrator to challenge the person submitting a report if the RAG is received blank in order to double-check.  Julie Wilburn had provided a response to Juliette Cosgrove’s question.  **It was agreed to close this item.** | |  |
| **4.** | **NL&G Quality Improvement (Trust Attending)** | |  |
|  | Tara Filby, Chief Nurse and Wendy Booth, Director of Governance & Assurance and Trust Secretary and Acting Deputy Chief Executive joined the meeting at 10.00 am.  Introductions were made around the table. Jan Haxby explained the role of the Quality Committee. The Committee were keen to hear the Trust’s thoughts on the CQC report and expressed their support to the Trust in what was necessary to deliver identified areas for improvement. Tara Filby said she had been saddened and disappointed with the CQC report but that she and the Trust had accepted that it was accurate. Wendy Booth went on to explain where they were currently and the processes in place for the journey going forward as well as giving clarity to the new structure. The Word document “Improving Together - Governance Structure and Reporting/Assurance Cycle” and the PowerPoint presentation “Quality Summit: Our Response to the CQC Inspection of Northern Lincolnshire & Goole NHS Foundation Trust in November 2016” would be forwarded by email to members of the Quality Committee by Ann Spencer. These documents gave detail of the new structure of the Trust and a summary of key messages; direction of the Trust; analysis of CQC findings and reflection; what was being done well; next steps; breakdown of the pathway that would be followed in order to make the necessary improvements and give assurance.  Further background was given regarding the specific areas identified in the CQC report ie Maternity, A&E, Referral to Treatment, patient backlog and what was being done to address the issues.  Wendy Booth spoke of the Trust having been placed into Financial Special Measures and how the System Improvement Board would cover both quality and financial issues.  Other points made were:   * Deadline of 12th May to finalise and share with stakeholders. * Deadline of 19th May to respond with wider improvement plan. * NHS England were helping with planning and being supportive. * There was a big cultural change around safety which was a different approach but wholly realistic. * Safe nurse staffing levels were paramount and discussions had taken place with the Director of Finance. Last year savings had been achieved by booking staff in advance.   Comments made by Committee:   * Jan Haxby hoped that the Trust did not lose sight of last year’s action plan and was reassured that actions were being mapped to each workstream and cross-checked. * Philip Bond made comment regarding the structure chart and felt there was need for lay representation higher up the chain. This comment was noted and would be relayed back to the Trust. * Philip Bond expressed concern regarding the amount of time spent in meetings and the possibility of duplication of discussion and work. He also commented that it was important that whoever attended meetings needed to be a decision-maker. This was responded to with the Trust explaining that the meeting structure was being reviewed at executive, board and group level and that a balance was being aimed for. Although there would be a need for a lot of time in meetings now, but this would lead to receiving assurance later. There was a lot of work to do. Richard Sunley had been appointed Interim Chief Executive for four months to the end of June. * In response to Philip Bond’s question regarding how consultants had responded to the CQC report he was advised that there had been positive reaction from them and they had indicated they wanted to be part of the solution and were now stepping up and taking this seriously. * Paul Glazebrook made comment that it was important to broaden focus at the Trust and not to lose sight of other issues as the CQC report did not cover everything and clearly there were other issues that needed to be addressed. Assurance was given that those issues would be on-going and included with regard to sub-groups etc.   Tara Filby and Wendy Booth concurred that this was the first meeting of the Quality Committee they had attended and that they hoped to have regular visits and would respond to any concerns the Committee may want addressing.  Jan Haxby expressed the wish to be part of the solution and mentioned that the CCG had the NITS process in place and this was used where any problems were identified. Suggestion was made to invite someone from NL and NEL Patient Participation Chairs’ Group in order to have input from primary care and build in some lay representation.  Further discussion centred around detail contained in the PowerPoint report.  Philip Bond made comment that the public were giving the Trust their support as could be seen from local press reports. It was necessary to build on the bubble of patient experience. It was positive that care had been accepted by the CQC as ‘good’, and that this needed to be built upon.  **ACTION:**  **Ann Spencer to email the two documents presented by NL&G to members of the Quality Committee.** | |  |
| **5.** | **Serious Incident Report** | |  |
|  | Gary Johnson had presented reports and they were taken as read. It was proposed to align reporting. Currently, incident reporting was quarterly and SI reporting monthly; both should be presented quarterly. An escalation process was already established. This was agreed by the Committee and would be escalated to the Partnership Board.  **ACTION:**  **SI reports and Incident Reports to be presented quarterly.** | |  |
| **6.** | **Quality Escalations – Including Quality Dashboards** | |  |
|  | The main Part A summary report which escalates exceptions in Quality to the Quality Committee was taken as read.  Lydia Golby highlighted all areas of Part B with EMAS particularly being discussed.   * EMAS had formally appealed against the Section 29A warning notice. * Options proposal had been undertaken which had been previously shared and this was due to go to the Board today. * Current concerns noted and three options to explore which were discussed in detail. * Recommendation was for option 1; but to explore option 2.   Jan Haxby questioned whether EMAS would meet the constitutional response times and questioned whether the contracted level is lower than the national. Clarification was needed regarding the constitutional response times.  The Committee noted the exceptions in Quality and approved the content of the escalation report for submission to the Partnership Board.  **ACTION:**  **Lydia Golby to seek clarification on national/constitutional response times.** | |  |
| **7.** | **Infection Prevention and Control Commissioning Annual Report 16/17** | |  |
|  | It was agreed that this item would be brought back to the next meeting when more detail would be available. | |  |
| **8.** | **Public Health Screening and Immunisation** | |  |
|  | Due to time limitations, this item was deferred to the next meeting. | |  |
| **9.** | **North East Lincolnshire Clinical Commissioning Group Complaints and Representations Report Quarter 4** | |  |
|  | Due to time limitations, this item was deferred to the next meeting. | |  |
| **10.** | **Engagement Activity** | |  |
|  | Sally Czabaniuk had been invited to the meeting to present the Engagement Activity report to the Committee which had been shared in advance.  Sally Czabaniuk explained that her work was across both North and North East Lincs. She had been asked by Jan Haxby to produce a report which would evidence quality and would align with CCG engagement strategy. The report was talked through and the following points highlighted:   * Accord – membership remains relatively static. Volunteers who have an interest in social care and health. Newsletters and website used to keep them up to date. * Philip Bond mentioned that Accord Steering Group ambassadors speak to wider groups. * There were more community forum members in NEL than NL. * Area of quality is patient experience – need thoughts of how to improve capturing this information. * Use Quality Committee as a route to bring feedback from forum or Accord. * Starting to see issues brought up through mechanisms ie PALS complaints. Flagging of issues with analysis going forward – questioned whether there are themes that could be mapped on to other information already known. * Work currently being done and would be investigated further as themes emerging around service access from Accord feedback. * It was agreed that Lydia Golby and Sally Czabaniuk would capture themes and go over data sets for a quarter and match with themes from incidents. * Patient Participation Groups – questioned funding support need to check with Julie Wilson * Help practices to set up PPGs is this funded by practices? Where funded there was good attendance.   **ACTION:**   1. **Lydia Golby and Sally Czabaniuk to carry out further work regarding themes and trends/data sets/incidents.** 2. **Julie Wilson to advise regarding funding support for PPGs.** | |  |
| **11.** | **Additional Reports/Information:**  **For discussion:**  **EMAS Options Appraisal** | |  |
|  | The EMAS Options Appraisal was discussed at Item 6. | |  |
| **12.** | **Items to be escalated to the CCG Partnership Board**  **Items to be de-escalated from the CCG Partnership Board** | |  |
|  | * EMAS Options Appraisal. * Report on the positive outcome after NL&G’s attendance and presentation to the Committee today. * Change in SI reporting to become quarterly with Q1 having been accepted. | |  |
| **13.** | **Any Other Business** | |  |
|  | There was no other business. The meeting closed at 12.00 midday. | |  |
|  | **Date and Time of Next Meeting:**  **Thursday 8th June 2017 – 9.30-12.00 midday**  **Seminar Room 1, Roxton Practice** | |  |