

RATIFIED MINUTES OF THE QUALITY & RISK COMMITTEE (QRC) (On behalf of the NNE, NW and Rushcliffe CCGs)

Wednesday 14 February 2018

1:30 – 4:30pm

**Committee room, Gedling Civic Centre,
Arnot Hill Park, Arnold, NG5 6LU**

| Membership: | | 11.05.17 | 10.08.17 | 09.11.17 | 14.02.18 |
|-----------------------------|---|-------------------------|-----------------|-----------------|-----------------|
| Janet Champion (JC) (Chair) | Lay Member, NNE CCG | Present | Present | Present | Present |
| Susan Bishop | Lay Member, NW CCG | Apologies | Apologies | Present | N/A |
| Nichola Bramhall (NB) | Director of Nursing and Quality, NNE, NW and Rushcliffe CCGs | Present | Present | Present | Present |
| Max Booth | Patient Representative, Rushcliffe CCG | Present | Present | Apologies | Apologies |
| Michael Rich (MR) | Patient Representative, NW CCG | Apologies | Present | Present | Present |
| Lynne Sharp (LS) | Head of Governance and Integration, Rushcliffe CCG (<i>Left the meeting approx. 14:45</i>) | Present | Present | Apologies | Present |
| Dr John Tomlinson | Deputy Director of Public Health, Nottinghamshire County Council | Present | Present | Present | N/A |
| Hazel Buchanan | Director of Operations, NNE CCG | Present | Present | Present | Apologies |
| Becky Stone (BS) | Assistant Director of Quality and Patient Safety, NNE, NW and Rushcliffe CCGs (<i>Left the meeting approx. 14:45</i>) | Present | Present | Present | Present |
| Dr Ram Patel | GP Representative – Rushcliffe CCG | Present | Present | Present | N/A |
| Craig Sharples | Head of Quality, Engagement and Governance, NW CCG | Apologies (Deputy sent) | N/A | N/A | N/A |
| Dr Paramjit Panesar | GP Representative – NNE CCG | Present | Present | Present | Apologies |
| Jean Gregory (JG) | Head of Quality and Adult Safeguarding, NNE, NW and Rushcliffe CCGs | Apologies | Present | Present | Present |
| Esther Gaskill (EG) | Head of Quality, Patient Safety and Experience, NNE, NW and Rushcliffe CCGs | Present | Apologies | Present | Present |
| Dr Ben Teasdale | Secondary Care Consultant, NNE CCG | Present | Present | Apologies | Apologies |
| Kerrie Adams (KA) | Senior Commissioning Manager, Quality and Clinical Governance, Notts County Council | N/A | N/A | N/A | Present |
| In Attendance: | | | | | |
| Elizabeth Owen (EO) | PA, Quality & Patient Safety Team, NNE, NW and Rushcliffe CCGs (<i>minutes</i>) | Present | Present | Present | Present |
| Nicki Hodson (NH) | Designated Clinical Officer, Nottingham City and Nottinghamshire CCGs (<i>For item QRC/17/073, joined the meeting approx. 2:35pm and left approx. 2:50pm</i>) | N/A | N/A | Present | N/A |
| Coral Osborn (CO) | Senior Prescribing and Governance Adviser, Nottinghamshire CCGs (<i>For item QRC/17/066.1, joined the meeting approx. 2pm and left approx. 2:30pm</i>) | N/A | N/A | Present | N/A |
| Caroline Stevens (CS) | Governance Officer, Rushcliffe CCG (<i>For item QRC/17/069, joined the meeting approx. 2:15pm and left approx. 2:40pm</i>) | N/A | N/A | Present | Apologies |
| Julie Widdowson (JW) | Quality Governance Manager, Nottingham City CCG (<i>For item QRC/17/092.4</i>) | N/A | N/A | N/A | Present |
| Sally Bird (SB) | Head of Service, Infection Prevention and Control Team, M&A CCG (<i>For item QRC/17/101</i>) | N/A | N/A | N/A | Present |

| Item number | Agenda Item – Key Points of Discussion | ACTION |
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| QRC/17/083 | <p>Welcome and Introductions</p> <p>Welcome and introductions took place, it was confirmed that the meeting was not quorate as there was no GP representation. As there are no items on the agenda that require approval it was agreed that the meeting should go ahead and that if any issues arise during the course of the meeting that require quoracy it would be agreed at that point how to proceed with the issue.</p> <p>Post meeting note: KA was now attending these meetings as the representative for County Public Health, since John Tomlinson's retirement, pending emergence of the new joint CCG structures in Greater Nottingham.</p> | |
| QRC/17/084 | <p>Apologies for Absence</p> <p>Received from: Caroline Stevens, Dr Ben Teasdale, Dr Ram Patel (stepped down from committee) Hazel Buchanan, Max Booth and Dr Parm Panesar. It was noted that Dr Ram Patel's decision to step down from the committee had been acknowledged in a letter to him and both JC and NB had thanked him for all his hard work and contributions to the committee.</p> | |
| QRC/17/085 | <p>Declarations of interest for items on the agenda</p> <ul style="list-style-type: none"> Management of any real or perceived conflicts of interest <p>There were none noted over and above those already recorded in Registers of Interests.</p> | |
| QRC/17/086 | <p>Draft minutes of the previous meeting of 09 November 2017</p> <p>The minutes were agreed as an accurate record of the meeting.</p> | |
| QRC/17/087 | <p>Action log outstanding items</p> <p>QRC/17/064 – Information on completion of recommended actions following quality visits to be included in future quality reports. It was noted that this information was submitted to QSPs. These would come here by exception if any actions were outstanding beyond the deadline date.</p> <p>QRC/17/065 – EMAS. An update was given that EMAS were on target to achieve by the end of this quarter for mandatory training and appraisals, with a significant improvement on appraisals being undertaken. A paper went to the City CCG quality improvement committee this morning in relation to this.</p> <p>ACTION: Send the EMAS paper from City CCG QIC to EO for circulation to committee members.</p> <p>QRC/17/070 – ToR for review May 2018. Work is currently underway to establish a joint Quality Committee covering all four Greater Notts CCGs and therefore this action will be superseded.</p> <p>All other actions were complete.</p> | NB/EO |
| QRC/17/088 | <p>Lay Member/Lay Representative feedback on activities relating to the Committee</p> <p>MR thanked EG for her presentation to their PRG on the quality team role and how quality assurance of providers including primary care is undertaken.</p> | |
| QRC/17/089 | <p>EQIA spreadsheet – Finalised schemes</p> <p>Most of the schemes were related to financial recovery and were reported on in the confidential section of the committee. 3 EQIAs not related to financial</p> | |

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| | recovery had been received since the last meeting. No adverse effects on equality or quality had currently been identified in these. | |
| Reports | | |
| QRC/17/090 | <p>Horizon Scanning</p> <p>NHS planning guidance had just been released. This was being reviewed to ascertain any impact on year 2 of the contracts, there would need to be some contract variations made. Refreshed plans in response to the guidance were due to be submitted by the CCGs to NHSE regionally on 01 March and national submissions were due 08 March.</p> <p>The guidance looked at some variation to CQUINs, the key one being CQUIN 8 regarding discharge from hospitals, with acute trusts no longer being required to use this CQUIN, for community there would be an option to use the CQUIN or not. Concern was expressed in relation to the relaxing of this CQUIN given current issues with Delayed Transfers of Care and potential unsafe discharges.</p> | |
| QRC/17/091 | <p>Quality Report Quarter 3 2017/18</p> <p><u>HCAI page 4</u> - Up to the end of Q3 almost all CCGs had exceeded the target as had NUH for C Diff cases. RCCG had exceeded for the whole year and therefore this position was not recoverable.</p> <p>Themes were looked at, there had been the odd lapse in management but these would not have altered the numbers as they would not have prevented the Cdiff. There had been very few avoidable cases. Nothing in particular stood out as contributing to the increase in cases. Noted loss of Tazocin in 2017 which meant the use of two antibiotics which are more prone to inducing Cdiff have been used instead of Tazocin, this could have impacted on the number of C Diff cases. The national shortage of Tazocin was noted to be due to a fire at the production factory. It was also noted that with the increase in flu cases there could well have been an increase in antibiotic use which could impact the numbers for Q4. Similar picture in the City, MRSA RCA investigation found appropriate management of the case.</p> <p><u>SIs page 8</u> - There had been 4 recent SIs related to ED, 1 of which had resulted in a patient death whilst the patient was in the blue area (waiting area when high demand) of ED, this case was under investigation. The other SIs had been regarding ineffective handover on transfer to the ward and delays in diagnosis. A quality visit was to take place tomorrow to ED jointly between the CCG and NHS I which would focus on the blue area and follow up from a mock CQC ED visit that NUH had undertaken in October, which NUH had invited the CCG and NHS I to take part in. The visit would check against actions identified from the previous visit to ensure these had been embedded and were effective. There were system wide processes in place to support ED.</p> <p>An associated risk was highlighted to the committee in terms of community beds capacity. 90 extra beds had to be commissioned quickly to support the pressure at NUH, the scale and pace of this potentially could have jeopardised quality and patient safety. A review of this was underway to ascertain how this could be better approached in the future. The importance of holding firm on quality was highlighted as patients could not be transferred out of acute trusts into an environment where there might be heightened risk, an example was given of a care home having an IPC outbreak and pressure being applied to continue to admit. It was acknowledged that the risk of pressures in the acute trust need to weighed against risks of having patients with increasing acuity cared for in community settings.</p> <p>It was confirmed that all patients that had been discharged in to the community</p> | |

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| | <p>were being tracked to ensure that care was appropriate and to identify and address any quality issues early.</p> <p>A piece of work has been commissioned by the QSG to look at how we can ensure we are implementing all available guidance to support the community sector including nursing homes in dealing with increasingly frail and dependent patients.</p> <p><u>Maternity SIs</u> - The committee was informed of the background to the index case of a still birth, which was in the public domain. The external investigation of this case had found 13 service concerns and that it was likely, had the care provided been different the baby would have survived.</p> <p>Monitoring of maternity incidents continued with a review panel established with representation from the maternity clinical network which reviewed all NUH maternity SIs. The maternity risk review tool completed in May 2017 was reviewed by a system wide group in December 2017, although risk scores mainly remained the same, it was evident that NUH were strengthening their processes and had greater awareness of the improvements required. It was noted that NUH were working positively with the CCG. An outcome letter from the December review had recently been sent to NUH.</p> <p><u>Safeguarding</u> - Page 11 of the report. The committee was informed that across the board there was a move to tighten up the description of what information was required from agencies.</p> <p>The working together guidance had been published; this meant Safeguarding Boards would be disbanded. The CCGs, LA and police were working together on how to take this forward locally. NB would bring a paper to the committee once this work had developed.</p> <p><u>Transforming Care</u> - Over trajectory for the amount of patients with LD and MH conditions receiving in patient care. Issues of lack of suitable environments within the area to transfer patients out to. Plan in place to meet requirements by the end of the year.</p> <p><u>CHC</u> - Not meeting national targets still for the number of assessments taking place outside of hospital and the number informed of the decision with 28 days of the assessment, however improvements had been seen and local trajectories achieved. Mobilisation of the new contract underway, this was to be Greater Nottingham (GN) CCGs contract with CityCare.</p> <p><u>Care homes</u> - Neuro disability service in Hucknall, new consultant, working well. Review early March to be undertaken by JG, to meet with GP practice and consultant to ensure approach was well established and effective. New senior staff at the service, positive direction of travel.</p> <p>The care home provider Four Seasons had been in the news recently due to financial concerns, though this seemed to have settled.</p> <p><u>Primary Care Quality</u> - Practice CQC inspections outcomes were noted including fact that only 1 practice was now rated as inadequate out of the 44 practices in our area. All the rest had been rated as good or outstanding. The different demographic in City was noted and the lower rate of positive CQC outcomes in that area, this would need to be an area of focus for the new integrated quality team.</p> <p><u>PALS and Complaints</u> - PALS continued to receive calls regarding the pain management service transition from NUH in to the Community. It was noted</p> | |

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| | <p>that comms on this between NUH and CCGs had hindered the process. Good patient feedback was being received on the new service.</p> | |
| <p>QRC/17/092</p> | <p>Provider quality dashboard</p> <p><u>NUH</u> - Reducing trend of 104 day cancer waits (40 in Dec 2016 compared to 11 in Dec 2017). ED - No 12 hour breaches. Sustained performance for ambulance handovers within 15 and 30 minutes. Low number of complaints – 12 during Sept-Nov 2017 out of 44,644 ED attendances. Remain an outlier for HSMR, however SHMI was within the limits. Structured data case reviews were being undertaken by NUH. Decrease recently in VTE assessments but expected to recover.</p> <p>Workforce challenges for all providers, turnover was noted to not always be due to staff leaving but also included new posts, TUPE of staff as services are provided in different settings/ by different providers and those that had moved roles within the organisation.</p> <p><u>LBH</u> - Increase in falls seen due to cohort of patients now being received with increased complexity/frailty. These patients required cohorting and increased staffing levels/different skills set, this was challenging for LBH. A quality visit was undertaken which found good leadership. It was noted that this new cohort of patients required a cultural shift for LBH staff. The new HoS there had been in post for 8 months and had already seen 3 changes of patient pathway. Senior nurses from NUH, NHCT, CityCare and the CCG had met to discuss how support could be provided to upskill staff in the community.</p> <p><u>Circle Nottingham</u> - Current reprocurement exercise underway, potential to destabilise workforce there noted.</p> <p><u>SFHT</u> - ED performance starting to decline, 8 x 12 hour breaches. 11.4% of ambulance handovers took longer than 30 mins (Nov 2017). Work underway to improve. Overall for SFHT it was noted that the leadership team were taking things forward and beginning to stabilise.</p> <p><u>EMAS</u> - Not meeting new performance targets as yet. Improvement seen though with most clinically unwell patient cases. Continue to monitor harm.</p> <ol style="list-style-type: none"> 1. LP Highlight report - QSP 29 January 2018 There was an issue raised at this QSP which it was agreed would be highlighted to this committee. This was regarding CIP schemes being implemented by individual organisations, which could in turn have a larger impact on equality and quality for patients if they all reduce similar services. It was suggested that there was a need for system wide EQIAs to be undertaken. Discussions are taking place in the STP Board in relation to this. 2. CN Highlight report - QSP 09 January 2018 There had been a cluster of SIs related to pulmonary embolisms (PEs) following general surgery. This was to be followed up with a quality visit to ensure actions from this had been implemented. 3. NUH Highlight report – QSP 19 January 2018 | |

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| | <p>Elective pathway delays with completion of harm reviews, 12 of 54 completed with no evidence of harm. NUH working to engage clinicians in timely harm reviews. Continued to report to QSP.</p> <p>4. NHCT – Mental Health Service – Deep dive JW gave a summary to the committee on the paper for this item. The main reasons for staff sickness had been identified as stress and so the service had arranged resilience and mindfulness workshops for staff to attend.</p> <p>The Hurst methodology had been used for safe staffing as the service had always used historical staffing. A review was to be undertaken to ascertain the effectiveness of this new approach.</p> <p>In October 2017 CQC issued a Section 29A Warning Notice for one specific team in Rushcliffe relating to controlled drug management. The Trust has confirmed all actions are completed and they are now meeting the required standard.</p> <p>Five nationally determined CQUIN goals agreed for 2017/18. There were no local CQUINs. It was noted that the data received for CQUIN 9 from the general health (GH) division and the mental health (MH) division of NHCT was very different. However it was mentioned that as the two divisions were now under the same management the quality of papers submitted by MH had improved in the last few months as had communication from them.</p> <p>The top reported type of incident in quarters 1, 2 and 3 2017/18 was combined self-inflicted harms (which include suspected suicide and potentially avoidable death related incidents) with 18 incidents reported in quarter 1 and 17 in quarter 2 a total of 35 incidents of which 31 resulted in death (88%). This compares to 27 of this type of incident for the same quarters in 2016/17 with 23 of them associated with death (85%). Quarterly quality review meetings were held to discuss self-harm and suicide incidents.</p> <p>Recent CQC inspection rated as overall 'Good'. There were two requirement notices for improvements from the inspection and the Trust had provided updates on the actions for these. The CCG would continue to monitor progress through the quality review meetings. The action plan was due to be submitted to the CQC in March 2018.</p> <p>Safeguarding was mentioned as there had been recent changes to the structure for this. The CCG continued to monitor the effects.</p> | |
| Feedback from Sub-groups | | |
| QRC/17/093 | <p>Health and Safety (H&S) group</p> <p>1. Minutes of 16 January 2018 Noted, no comments or queries.</p> <p>2. Progress report Highlighted high staff training figures continued. LIFT building now had a local manager which would improve on</p> | |

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| | <p>assurance for building compliance. On the 1st November 2017 NHS Protect was replaced by the NHS Counter Fraud Authority. Security management was now part of NHS England. The security management standards were updated in December 2017 and were being reviewed by the Local Security Management Service (LSMS) at 360 Assurance contracted by the three South Nottinghamshire CCGs. The next Self Review Tool submission would be after 31 March 2018.</p> <p>3. Quarterly incidents report Q3 2017/18 10 incidents up to the end of December 2017. IG incidents reported through IGMT committee. Staff purse went missing at RCCG, LSMS representative informed.</p> | |
| QRC/17/094 | <p>South CCGs Equality and Diversity Forum</p> <p>1. Minutes of 03 October 2017 These were the ratified version of the minutes for which a progress report had been given at the previous committee meeting.</p> | |
| Approval / ratification | | |
| QRC/17/095 | <p>Policies and procedures:</p> <p>1. QIA Policy To be reviewed once new CCGs structures confirmed.</p> <p>2. QIA Policy for CIPs To be reviewed once new CCGs structures confirmed.</p> <p>3. Health & Safety Policy It was suggested that a full review of all the H&S policies on the agenda today would be put on hold until the alignment of the 4 Greater Nottingham CCGs had been completed as this would impact on the reviews. Minor amendments to references were made.</p> <p>4. Reporting of incidents procedure Inc. RIDDOR A small number of minor amendments were made to references and email addresses.</p> <p>5. New and Expectant Mothers Policy No changes required at this stage.</p> <p>6. Young Persons at work Policy No changes required at this stage.</p> <p>7. DSE Policy No changes required at this stage.</p> <p>8. Electrical Safety Policy No changes required at this stage.</p> <p>9. Trans* Equality and Gender Reassignment Policy</p> <p>10. E&D Forum ToR The January E&D Forum had been deferred to March 2018, therefore</p> | |

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| | item 9 and 10 here would not be available until the next QRC meeting or its successor meeting. | |
| For information | | |
| QRC/17/096 | <p>NHS England Area Team quality surveillance group – feedback Mention of the work instigated by this group regarding capacity to discharge safely from acute trusts to community beds had already been made earlier in the meeting.</p> | |
| QRC/17/097 | <p>CQC reports/action plans There hadn't been any other recent inspections other than the one already mentioned at NHCT, referred to by JW under item QRC/17/092.4.</p> | |
| QRC/17/098 | <p>Safeguarding</p> <ol style="list-style-type: none"> 1. Committee – Highlight report This was submitted for information so that the committee was sighted on safeguarding work. 2. Nottinghamshire Safeguarding Adults Board – Highlight report January 2018 Again for information, there were no comments or queries. 3. Nottinghamshire Safeguarding Children's Board - Highlight report No comments or queries. | |
| QRC/17/099 | <p>Primary Care Quality Monitoring - Quality Group highlight reports Awaiting results of recent CQC re-inspections at Manor and The Oaks. CQC have identified that 20% of practices nationally per year will be re-inspected, although this is currently on hold due to winter pressures across the NHS. The next round of CQC inspections would include checking on accessible information standards, therefore the CCG had developed a 10 point checklist to support practices with this. Feedback from practices had been that this was helpful. The checklist had been shared with Mid-Notts and City CCGs.</p> | |
| QRC/17/100 | <p>Local Maternity Systems Update Plan submitted earlier this year. Governance structure in place, LA and CCGs working with providers for a common set of quality indicators. System wide approach. Positive feedback on level of patient engagement on this.</p> | |
| QRC/17/101 | <p>E.coli Report A self-assessment on the CCG position against the guidance was carried out. Identified areas where we would like to undertake more work. Strong collaborative working across Nottinghamshire acknowledged. Locally E.coli rates were higher than the England average. It was noted that everyone carries E.coli and therefore it could not be eradicated. 167 cases were looked at from Q2, nothing was found that could be focussed upon to make a big difference. Contacted other areas with lower rates to ascertain if they were doing anything differently that might help reduce rates here. Their issue had been regarding catheters, this was not being found to be an issue locally. Carried out wider campaigns for hydration and 'what colour is your wee' posters used to educate people. Slight decrease in the number of cases seen for Q3. Drop in cases in</p> | |

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| | <p>Rushcliffe in Q3, noted older population was probably the reason this area normally had a higher number of cases than other areas locally. M&A also had higher numbers of cases and it was noted that the demographics of these two areas was very different so it was difficult to ascertain any causal link.</p> <p>It was noted that it is difficult to reduce the numbers when we are not finding anything specific to work on from the analysis of risk factors.</p> <p>Noted that national benchmarking is not comparing like for like; e.g. one of the better performing places was a specialist eye hospital where you would expect low numbers of cases due to the patient demographic/ clinical picture.</p> <p>NHS I had visited and had been impressed with the work undertaken including rolling out ‘to dip or not to dip’ in care homes.</p> <p>There was a question of environmental factors; should these be looked at as potential causes of the high numbers.</p> <p>It was noted that this was part of the quality premium with a target of a 10% reduction for 17/18, it was thought this might be met.</p> | |
| Quality Assurance | | |
| QRC/17/102 | <p>‘Clinical’ Risk Registers – Summary south CCGs</p> <p>Two changes had been suggested from the review of the risk register carried out since the committee last met. RR84 CN Endoscopy washers to be archived as robust mitigations were in place and no further issues had occurred. It was agreed to archive this risk.</p> <p>The other suggested change was a reduction to 6 for RR85, LeDeR as staff training had taken place and working arrangements and oversight were in place to support review processes. This was agreed.</p> <p>Another change was suggested due to discussions that had taken place during the meeting, considering there had been 4 SIs in recent months related to ED and this was at escalation level today, it was suggested that the risk be increased to 4 by 4, making it 16 which would escalate the risk to board assurance. This was also agreed by the committee.</p> <ol style="list-style-type: none"> 1. Identification of new risks resulting from agenda item discussions It was agreed that a risk should be added in relation to the risks to quality in particular patient safety associated with the scale and pace of commissioning extra community beds to relieve acute pressures. 2. Items for escalation to the GB assurance framework The increasing risk level for ED quality was noted to now meet the threshold for escalation to the GBAF. | |
| QRC/17/103 | <p>Items for escalation to the Governing Bodies</p> <ul style="list-style-type: none"> • ED SIs resulting in change to risk. • New risk in relation to commissioning additional community capacity. • HCAI C Diff and E.coli numbers. • Policies to be reviewed once alignment to GN CCGs completed. | |
| QRC/17/104 | <p>Any other business</p> <p>None.</p> | |
| QRC/17/105 | <p>Date and Time of Next Meeting</p> <p>TBC</p> <p>Lucy Branson, City CCG was looking at how the meetings would take place for GN CCGs once the new structures were in place.</p> | |

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| | *Meeting close approx. 15:10 | |

All attendees should be aware that NNE CCG is legally required to comply with the Freedom of Information Act 2000

The minutes and papers from this meeting could be released as part of a request for information