

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

Thursday 11 May 2017
1- 4pm

Clumber meeting room, Easthorpe House,
165 Loughborough Road, Ruddington,
Nottingham, NG11 6LQ

Membership:		11.05.17	10.08.17	09.11.17	14.02.18
Janet Champion (JC) (Chair)	Lay Member, NW CCG	Present			
Susan Bishop	Lay Member, NW CCG	Apologies			
Nichola Bramhall (NB)	Director of Nursing and Quality, NNE, NW and Rushcliffe CCGs	Present			
Max Booth (MB)	Patient Representative, Rushcliffe CCG	Present			
Michael Rich	Lay Member, NW CCG	Apologies			
Lynne Sharp (LS)	Head of Governance and Integration, Rushcliffe CCG	Present			
Dr John Tomlinson (JT)	Deputy Director of Public Health, Nottinghamshire County Council	Present			
Hazel Buchanan (HB)	Director of Operations, NNE CCG	Present			
Becky Stone (BS)	Assistant Director of Quality and Patient Safety, NNE, NW and Rushcliffe CCGs	Present			
Dr Ram Patel (RP)	GP Representative – Rushcliffe CCG	Present			
Craig Sharples	Head of Quality, Engagement and Governance, NW CCG	Apologies (Deputy sent)			
Dr Paramjit Panesar (PP)	GP Representative – NNE CCG	Present			
Jean Gregory	Head of Quality and Adult Safeguarding, NNE, NW and Rushcliffe CCGs	Apologies			
Esther Gaskill (EG)	Head of Quality, Patient Safety and Experience, NNE, NW and Rushcliffe CCGs	Present			
Dr Ben Teasdale (BT)	Secondary Care Consultant, NNE CCG (<i>Arrived approx. 13:10</i>)	Present			
In Attendance:					
Sue Clarke (SC)	Governance Officer, NW CCG (<i>On behalf of Craig Sharples, arrived approx. 13:05</i>)	Present			
Emma Self (ES)	Head of Professional Standards, Nottingham CityCare (observing)	Present			
Nicola Hodson (NH)	Designated Clinical Officer, Nottinghamshire CCGs (For item QRC/17/021)	Present			
Elizabeth Owen (EO)	PA, Quality & Patient Safety Team, NNE, NW and Rushcliffe CCGs (<i>minutes</i>)	Present			

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QRC/17/001	<p>Welcome and Introductions JC welcomed the committee, introduced herself as the new Chair and introductions were made.</p>	
QRC/17/002	<p>Apologies for Absence Received from: Craig Sharples (Deputy sent), Jean Gregory, Susan Bishop and Michael Rich. The Committee was quorate.</p>	
QRC/17/003	<p>Declarations of interest There were none noted over and above those already recorded in Registers of Interest.</p>	
QRC/17/004	<p>Draft minutes of the previous meeting of 02 February 2017 There was an error noted on page 5 of the minutes, second paragraph down, where it read 'hard' which should have read 'harm'. This was to be corrected. Subject to the amendment the minutes were agreed as an accurate record of the meeting.</p>	
QRC/17/005	<p>Action log outstanding items QRC/16/093 – City CCG Quality Improvement Committee minutes (regarding a spike in numbers of suicides in mental health services) to be sent to SB. This action was ongoing.</p> <p>All other actions were completed. An updated log was provided.</p> <p>Page 9 of the minutes relating to splenectomy patients not receiving vaccinations after the procedure- It was queried if there should have been an action to this. The Committee was informed that all practices had undertaken an audit and rolling action plans had been put in place to vaccinate patients where required. This had been taken through Primary Care Quality meetings so was not an action for this committee.</p>	
QRC/17/006	<p>Lay Member/Lay Representative feedback on activities relating to the Committee MB commented that he had previously been a member on the NUH Quality Scrutiny Panel and had recently moved to be a representative on the Rushcliffe Primary Care Quality Group, for which he was yet to attend his first meeting and therefore had nothing to report.</p>	
QRC/17/007	<p>QIA spreadsheet 2016-17 and 2017-18 spreadsheets submitted. 11 QIAs since last QRC, none of which reached the threshold for stage 2 assessment, therefore not here in full.</p> <p>1 QIPP scheme QIA received so far, possibility that will need to hold an extraordinary QRC to review these. Noted this work would be in phases as per the locally commissioned services review work. Question asked regarding timeliness of QIAs and EIAs, NB noted that there should have been more reviewed by this stage and that this has been escalated through the QIPP Project Management Office (PMO) group. The Head of PMO has advised that she has received a number of QIAs and will forward these on to the relevant quality teams for review. It was noted that</p>	

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	<p>the workload would be shared with City CCG in order to be manageable. It is anticipated that City CCG quality team will review QIAs/EIAs completed by County staff and vice versa to ensure objectivity. It was highlighted that flexibility of Committee members may be required to attend virtual meetings to review both QIAs and EIAs.</p>	
<p>QRC/17/008</p>	<p>EIA update SC introduced herself to JC. There was a query regarding there only being 4 updates for EIAs, it was queried if this should cause concern as it would be expected that there would be an EIA to each QIA. SC commented that staff had been made aware of the importance of undertaking EIAs in a timely manner. It was suggested that training be conducted on the importance of EIAs and EIA approval process for further awareness raising. It was recognised that similar training delivered previously regarding QIAs had resulted in improved quality and quantity of QIAs completed.</p> <p>ACTION: Send the presentation from QIA training to SC and Craig Sharples.</p> <p>Noted that in previous QRC meetings, EIAs had always been lagging behind QIAs. Request to see these matching up, with strong message back regarding this being needed to the service improvement teams.</p> <p>ACTION: The need to complete both EIAs and QIAs to be reiterated to service improvement teams.</p>	<p>NB</p> <p>SC(CS)/LS/ HB</p>
<p>Reports</p>		
<p>QRC/17/009</p>	<p>CCG Governance Leads Service Development updates Comment that there were now less of these as work going through the transformation or QIPP groups. Suggestion that this item might need to be reviewed and amended to reflect this change and the turnaround work be brought instead.</p> <p>There was a query regarding the second general scheme on page 1 of this report; Gastro Intestinal Pre Assessment Pathway. The concern being that patients might miss out on an appointment with a consultant due to cost reduction. The Committee were informed that the purpose of this scheme was for patients not to have unnecessary appointments by having a more sensible triage and referral pathway, enabling evaluation of each case being referred. It was confirmed that whilst this should save money that was not the primary driver for the change.</p> <p>The last scheme on the report under Rushcliffe specific; EMAS community car was highlighted for the impact seen on reducing hospital admissions.</p> <p>Given the earlier discussions in relation to EIA completion NB requested that future reports also include status of EIAs- QIA status is already included.</p> <p>ACTION: Future reports to include EIA status for each scheme.</p>	<p>SC(CS)/LS/ HB</p>

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QRC/17/010	<p>Quality Report Quarter 4 2016/17</p> <p>Page 4 was noted regarding HCAI figures. NNE and NW had over achieved against their C Diff targets for 2016-17. Rushcliffe had 32 cases against a trajectory of 24. PIRs had been reviewed though and this had not identified any practice issues. The majority of cases were elderly patients with multiple comorbidities, with many at the end of life. NUH had 93 cases for 2016-17 against a trajectory of 91, this was an improvement on the previous year and in the context of significant challenges in relation to their external cleaning contract. It was confirmed that the cleaning contract had now been brought in house with early indications being that this has resulted in significant improvement in cleanliness.</p> <p>There had been no MRSA cases for the 3 CCGs in 2016-17 and 5 at NUH, 1 of which was a contaminant, 1 unavoidable and 3 clinically avoidable. RCAs had been undertaken for each case and an action plan implemented to reduce recurrence.</p> <p>Right care peer comparison data showed that Rushcliffe did compare very well with their peers.</p> <p>Query regarding the case where a stool sample was not requested by the GP, suggested this be highlighted to GPs for learning across the board.</p> <p>ACTION: Learning from post infection reviews to be shared with GPs through the CCG bulletins.</p> <p>Noted peer comparison for NUH showed a lot of other trusts at 30s to 40s for C Diff. It was mentioned though that it was understood that NUH did carry out a lot more testing than most other trusts and this could be the reason for the difference in numbers.</p> <p>ACTION: Enquire regarding peer comparison C Diff figures at the next NUH HCAI meeting.</p> <p>MB queried if infection rates linked to cleaning, NB advised that for C Diff in particular this potentially could be, however at NUH the figures had remained similar during the difficulties experienced with their cleaning provider.</p> <p>GPs flagging up C Diff on front screen was mentioned. This was part of the quality dashboard as a self-return. CCG to monitor going forward.</p> <p>166 SIs reported in 2016-17, reduction from previous year. This had been expected due to the change in guidance. Significant decrease highlighted in maternity, a lot of work had been undertaken to explore this at NUH. The Committee were informed of an internal investigation conducted at NUH of a particular case, the family were not satisfied with the outcome of this investigation and requested an external review, this found very different conclusions to that of the NUH internal report.</p> <p>CCG and partners have used a risk profiling tool to identify areas of risk requiring additional assurance and review panels are being undertaken in response to the concerns regarding maternity services at NUH. NUH had undertaken an internal governance review of maternity. There was a NHS England meeting arranged for next week where progress against risk areas would be discussed and if required further actions agreed.</p> <p>ACTION: Report back at the next QRC regarding the NHS England</p>	<p>EG</p> <p>BS</p> <p>NB</p>

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	<p>maternity risk review meeting.</p> <p>NUH recently increased senior leadership across the two maternity sites and a new director of midwifery had been appointed. The trigger list previously used in maternity at NUH to support staff with identifying SIs was to be reintroduced. A look back exercise had been undertaken at NUH which had found 14 incidents that required retrospectively to be reported as SIs.</p> <p>MB asked if failure to comply with National Standards of Safety for Invasive Procedures (NatSIPPs) was found to be a contributory factor in the 8 Never Events in 2015-16, It was stated that there was nothing to suggest this had been the case. The Committee were informed that a progress report on NatSIPPs compliance had been brought to the March NUH QSP which provided assurance in relation to the NUH approach to this.</p> <p>Page 13 reported on Transforming Care for patient with Learning Disabilities, Nottinghamshire (Specialised commissioning and CCGs) was not achieving the trajectory for this due to the scope of the cohort being increased to include people with Aspergers. Actions were being taken to reduce admissions and support early discharge. Respite service introduced and enhanced community assessment and treatment service, underpin the new model of community intervention and support. There had been 2 new admissions, with now, 2 patients in NNE, 2 in NW and 1 in Rushcliffe.</p> <p>Page 16 Continuing Healthcare (CHC) – South CCGs were approx. average within the CCG improvement and assessment framework 2016-17 indicator for numbers eligible per 50,000 population. There had been a significant increase in expenditure. Area of QIPP this year. Quality Premium Targets include less than 15% of assessment being carried out in hospital and the rest of assessment to be carried out in the community. Currently we were not near this target (27.7- 50% for three South CCGs). West Norfolk model being adopted; which is a discharge to assess model. This was being piloted on the community in reach ward at NUH with a similar pilot at SFHT. Roll out by the end of quarter 1 is anticipated, it is believed that this will go a long way to achieving the target. The eligibility assessment remains the same, it is just done at more appropriate time and in a more appropriate environment to assess ongoing needs.</p> <p>Page 18 Personal Health Budgets (PHBs) – Joint assessments conducted with local authority (LA) colleagues. As of the end of March 2017 the target for March 2018 had been achieved for NNE and NW and nearly reached for Rushcliffe. Project lead progressing work with LA colleagues.</p> <p>Page 22 CQC updates – NUH ED inspection carried out (on agenda) and BMI The Park (on agenda). SFHT now rated as ‘requires improvement’ indications were that SFHT were improving in a number of areas. EMAS inspection conducted in February 2017, report awaited, quality summit due to take place in June.</p>	

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	<p>Page 24 Quality visits – nothing of specific note.</p> <p>Page 28 Care Homes Quality – Jean Gregory was organising with colleagues to develop a similar dashboard for care homes and home care as that for primary care quality.</p> <p>All GP practices now had CQC inspections.</p> <p>Patient experience - numbers spiked in PALs enquiries due to the Willows and then NUH local services review. Complaints had no particular themes. Concerns raised through ehealthscope now reported on in the quality report. This is a mechanism for GPs to log concerns about providers. Triangulation of this information is useful intelligence for CCGs.</p> <p>Noted in the table on page 14, '31/3/16' should have read '31/3/17'.</p> <p>Comment that SI figures in the table did not seem to match up.</p> <p>ACTION: Amendments to be made to the quality report, page 14 and SI figures table.</p>	<p>NB</p>
<p>QRC/17/011</p>	<p>Provider quality dashboard <u>Nottingham University Hospitals (NUH)</u> Oversight of dashboard provided by the front sheet. ED target at NUH continued to be an issue. Action taken regarding overcrowding and streaming, allocated nurses to safety rounds and streaming at front door. Noted drop in patient experience but has since risen again, no increase in complaints at the time. Identified backlog for lung cancer pathway and a quality visit had been arranged to review this area. Continued to be an outlier for HSMR, though improving picture. Meetings held bi-monthly with CCG, Dr Foster and NUH to monitor this.</p> <p><u>Local Partnerships (LP)</u> Mental Health and Community Health services merged as Local Partnerships. Improvements noted around appraisals and supervision. Struggle to recruit to registered nurses and district nurses posts.</p> <p><u>Circle (CN)</u> Lowest vacancy rate in over a year. PU stage 2 in short stay unit, thorough investigation carried out by CN and learning disseminated to all CN staff. 62 day cancer waits mentioned with regards to harm reviews, these were carried out by NUH if the breach occurred there and CN liaised with NUH on the review. There was a discussion regarding the merit of independent and internal reviews. The harm reviews were carried out internally as they required the appropriate level of clinical expertise. It was noted there was currently no national standard for harm reviews and that this was a relatively new process (approx. 1 year). Currently at NUH approx. 50% of harm reviews were undertaken as the process was being embedded. Harm review process to be reviewed by CCG at the upcoming quality visit to focus on the lung cancer pathway.</p>	

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	<p>ACTION: CN E&D report to be shared with the CCGs E&D forum.</p> <p><u>EMAS</u> SI review panel attended by EG. Likely to be changes to the standards later this year but details not available during purdah. It is understood that the potential changes would be about more clinically appropriate graded responses. The implications for workforce and fleet configuration will need to be considered once details known. Discussion regarding measures, EMAS conversion rate one of the lowest in the Country but the worst for meeting target times, however it was also noted that EMAS serve the two largest ED sites in the Country. It was also noted that response times are only one measure and that it is important to consider outcomes. In the past year there has been an improvement in Clinical Performance Indicators which may be a better reflection of quality than response times.</p> <ol style="list-style-type: none"> 1. LP QSP minutes of 09 February and 11 April 2017 Two sets of minutes as the QSP dates had been changed to align to the end of each quarter. LP discussion ongoing regarding Sepsis management and the availability of thermometers for all community nurses. 2. CN QSP minutes of 10 January and 13 April 2017 Highlighted issue with washer in endoscopy service at CN, which kept leaking, this was an ongoing issue and an engineer was currently on site 12 hours a day. This had meant that lists had to be cancelled, all patients had been rebooked in a timely manner and no complaints had been received. Staff had been through Occupational Health to ensure there had been no adverse effects from being exposed to the washer chemical. 3. NUH QSP minutes of 03 March 2017 There had been a QSP on 21 April also but the minutes were not received back from the provider in time for this QRC and would instead come to the August QRC. In house cleaning service now, staff reporting an improving picture. Bacillus continued to be monitored, counts had reduced. NatSIPPs update noted on page 8 of the minutes. 4. NUH maternity briefing For information, will continue to keep the committee briefed on this. 	EG
QRC/17/012	<p>Annual Reports</p> <ol style="list-style-type: none"> 1. QRC Final version to go to audit committees and GBs. 2. Safeguarding Committee This was noted to be a subcommittee of the GBs and here for information. The Safeguarding committee was a joint committee with Mid Notts CCGs and Bassetlaw CCG. Invitation to attend a safeguarding committee meeting was extended to members of the QRC. 	

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	<p>3. Health & Safety Group All H&S policies now in place for the 3 CCGs. Green for all 3 CCGs on the security management standards. Good training figures for H&S and fire safety all year. The work programme for 2017-18 included continued monitoring of H&S incidents and working with the primary care quality groups to promote reporting in primary care. Develop a process to gain assurance of building compliance routinely from site held records.</p> <p>4. Care Homes Group Review of meetings being undertaken by Jean Gregory for move to quality assurance rather than just information sharing.</p> <p>5. Equality & Diversity Taken with item QRC/17/012.5 as all related. Report set out the work of the E&D forum. Action plan in place for 2017-18. Developing across the four goals of EDS2. Work done on accessible information standards, BSL charter and WRES. Noted in the table of members attendance on page 3, the end total column for the NNE PPI Manager should read '3/4' and not '1/3' as it stated.</p> <p>6. Primary Care Quality Groups Three Primary Care Quality groups, one for each South CCG. The committee were informed of the content and the priorities for 2017-18 were noted, these included, progressing actions identified within the Willows action plan, completion of the sepsis questionnaire and development of an enhanced patient safety incident reporting process. The report was to go to the Primary Care Commissioning Committees for approval of the priorities. NB queried the IPC team poor attendance to these meetings. This had been raised with them and the IPC team were to try and attend meetings in the future. It was noted that their input at meetings would be beneficial. It was also confirmed that if they are unable to attend they do provide written updates.</p>	
Feedback from Sub-groups		
QRC/17/013	<p>Care Homes group</p> <p>1. Minutes of 07 March 2017 For information, no comments or queries.</p>	
QRC/17/014	<p>Health and Safety (H&S) group</p> <p>1. Quarterly incidents report Q4 2016/17 There had been 2 IG incidents and 1 equipment failure.</p>	
QRC/17/015	<p>South CCGs Equality and Diversity Forum</p> <p>1. Minutes of 12 January 2017 2. Progress report from 04 April 2017 meeting Incorporated under item QRC/17/012.5.</p>	
Approval / ratification		

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QRC/17/016	<p>Policies and procedures:</p> <p>1. EIA Policy E&D Forum approved at the last meeting held, here for ratification. Suggested that incorporate EIA training into the policy. Query regarding the process as it appeared to be dependent on one person. Need to consider business continuity if for whatever reason that person was unavailable. Need to ensure QIA and EIA processes are embedded.</p>	
For information		
QRC/17/017	<p>NHS England Area Team quality surveillance group – feedback The next meeting was to be held on 24 May, therefore feedback would be provided at the August QRC.</p>	
QRC/17/018	<p>CQC reports/action plans</p> <p>1. BMI The Park Hospital Positive report, overall ‘good’ rating. 1 ‘must do’ action to ensure all staff had appropriate level of safeguarding training. This was regarding some staff also working at NUH, they had done their training at NUH and The Park hadn’t thought it was necessary for them to do the training again with them, however the CQC inspection requested this and so the Park were putting this in place. To be monitored through the contract review meetings held by the CCGs with the Park.</p> <p>2. Queens Medical Centre Urgent and Emergency Care Services Overall ‘requires improvement’ rating. It was noted this did not affect the Trusts ‘Good’ rating from the full inspection carried out last year. No ‘must do’ actions from this inspection of ED. The report acknowledged the hard work, compassion and enthusiasm from the staff. NUH had already been working on the majority of the recommendations made.</p>	
QRC/17/019	<p>Safeguarding</p> <p>1. Committee – Highlight report Meeting held in April 2017. The child sexual assault service was mentioned as there was uncertainty around this service as the NHS England re-procurement had been unsuccessful. The CCGs and NHSE were in talks with NUH to ensure the service continued to be provided until a new service has been procured.</p> <p>2. Nottinghamshire Safeguarding Adults Board – Highlight report It was noted that the issue with advocates being supplied for safeguarding referrals by LA had been due to capacity issues; this was no longer an issue and had been removed from the risk register.</p> <p>3. Nottinghamshire Safeguarding Children’s Board – Highlight report No comments or queries.</p>	

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	<p>4. Mazars review/National learning disability mortality review Previously received learning report from Southern Health review. There was now an expectation of review for unexpected deaths within the learning disabilities community. However only one off funding of approx. £1500 was being given to each region to support the process. There were approx. 50 cases a year which would require a full investigation to be completed. It was the CCGs responsibility to ensure this was carried out but the CCGs do not necessarily have the expertise to conduct these reviews or the funding to give providers to carry them out. A task and finish sub group of the Transforming Care Board had been established to take this forward. This was noted to be a significant additional piece of work with no extra resource.</p>	
<p>QRC/17/020</p>	<p>Primary Care Quality Group highlight reports One report for each of the 3 CCGs. All practices rated good or outstanding from the CQC inspections except for 2, 1 of which had been re-inspected and the formal feedback from this was awaited and the other was to be re-inspected by the end of June. NW was the highest rated CCG in the Country for percentage of outstanding CQC inspection outcomes at their practices and Rushcliffe were third. CQC fed back key learning points and next steps, they would be carrying out inspections 20% per year (10% in 2017). Meetings were being arranged between the CCG and the CQC lead inspectors for each CCG. Sepsis questionnaire was mentioned as good assurance of the identification and management of sepsis. Practices that had not responded to the questionnaire would be contacted further. Stage 3 PU investigated by a practice found that in the 4 weeks leading up to the identification of the PU, there were actions the practice could have taken themselves to try to prevent the PU occurring. The learning had been noted and an action plan developed. There had been 2 further PUs this quarter, learning from all these was to be collated and disseminated to all practices. Continue to use quality dashboard for monitoring. The dashboard was being adopted by City CCG which would mean information for approx. 100 practices would be available on there. Comment that the quality dashboard could help practices as a tool for ensuring readiness for CQC inspections in future as these are likely to be unannounced.</p>	
<p>QRC/17/021</p>	<p>SEND Assurance Report End of year report on CCG statutory duties. CCG self –assessment audit tool introduced last year by NHS England. Action plans in place to address amber areas and health related issues identified in the joint Ofsted/ CQC inspection last year. Good progress is being made. Highlighted to the committee that as of the end of March 2017 there were 2,100 children and young people with health and education care plans, of which a significant number were 14 years old or above and so would hit adult services in the next few years. Letter received from national inspection team noting the good work undertaken in Nottinghamshire.</p>	

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Quality Assurance		
QRC/17/022	<p>'Clinical' Risk Registers – Summary south CCGs</p> <p>Front sheet identified changes made that had been agreed at the previous QRC meeting.</p> <p>Home care quality monitoring had been reduced from red to amber as there was now a process established, once the dashboard was in place the risk could be further reduced.</p> <p>QIA and EIA process had been added, once training was arranged for EIAs, this could be added as another mitigation.</p> <p>The risk for maternity could be updated after the meeting on Monday.</p> <p>1. Identification of new risks resulting from agenda item discussions</p> <ul style="list-style-type: none"> • Mazars – capacity and resource issue • CN endoscopy washer risk if unable to provide the service as no support nearby available. <p>Question if DoLs risk should be higher. It was noted that the biggest risk was probably financial for CCGs and less of a quality risk. Suggestion that this be put on the financial risk register and this risk reworded on the clinical risk register.</p> <p>ACTION: DoLs risk to be updated.</p> <p>2. Items for escalation to the GB assurance framework</p> <p>None.</p>	JG
QRC/17/023	<p>Items for escalation to the Governing Bodies</p> <ul style="list-style-type: none"> • Reiterate QIA and EIA timeliness • HCAI NUH and RCCG figures • NUH Maternity • Mazars review • CN endoscopy potential risk 	
QRC/17/024	<p>Any other business</p> <p>1. Development session main outcomes</p> <ul style="list-style-type: none"> • Update on sustainability and transformation plan • CQUINs 17-19 • Roll of committee and QIA/EIA process • Priorities for 2017-18 <p>It was also noted that risk based approach to contract quality assurance was approved at the development session so this should be formally noted here.</p> <p>ACTION: A follow-up meeting to be arranged with NB and Rebecca Larder, Transformation Director to further develop the role of QRC in the STP. JC to be invited.</p>	EO
QRC/17/025	<p>Meeting Effectiveness</p> <p>It was agreed that despite the early finish sufficient time and challenge had been afforded to the items on the agenda.</p> <p>*Meeting close approx. 15:20.</p>	

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QRC/17/026	Date and Time of Next Meeting Thursday 10 August 2017 1-4pm Clumber meeting room, Easthorpe House, 165 Loughborough Road, Ruddington, NG11 6LQ	

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