

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

**Thursday 10 August 2017**  
**1- 4pm**

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

<b>Membership:</b>		<b>11.05.17</b>	<b>10.08.17</b>	<b>09.11.17</b>	<b>14.02.18</b>
Janet Champion (JC) (Chair)	Lay Member, NW CCG	Present	Present		
Susan Bishop	Lay Member, NW CCG	Apologies	Apologies		
Nichola Bramhall (NB)	Director of Nursing and Quality, NNE, NW and Rushcliffe CCGs	Present	Present		
Max Booth (MB)	Patient Representative, Rushcliffe CCG	Present	Present		
Michael Rich (MR)	Lay Member, NW CCG	Apologies	Present		
Lynne Sharp (LS)	Head of Governance and Integration, Rushcliffe CCG	Present	Present		
Dr John Tomlinson (JT)	Deputy Director of Public Health, Nottinghamshire County Council	Present	Present		
Hazel Buchanan (HB)	Director of Operations, NNE CCG	Present	Present		
Becky Stone (BS)	Assistant Director of Quality and Patient Safety, NNE, NW and Rushcliffe CCGs	Present	Present		
Dr Ram Patel (RP)	GP Representative – Rushcliffe CCG (Arrived approx. 13:10)	Present	Present		
Craig Sharples	Head of Quality, Engagement and Governance, NW CCG	Apologies (Deputy sent)	N/A	N/A	N/A
Dr Paramjit Panesar (PP)	GP Representative – NNE CCG (Arrived approx. 13:10)	Present	Present		
Jean Gregory (JG)	Head of Quality and Adult Safeguarding, NNE, NW and Rushcliffe CCGs	Apologies	Present		
Esther Gaskill	Head of Quality, Patient Safety and Experience, NNE, NW and Rushcliffe CCGs	Present	Apologies		
Dr Ben Teasdale (BT)	Secondary Care Consultant, NNE CCG	Present	Present		
<b>In Attendance:</b>					
Elizabeth Owen (EO)	PA, Quality & Patient Safety Team, NNE, NW and Rushcliffe CCGs (minutes)	Present	Present		

<b>Item number</b>	<b>Agenda Item – Key Points of Discussion</b>	<b>ACTION</b>
<b>QRC/17/027</b>	<b>Welcome and Introductions</b> JC welcomed the committee and introductions were made.	

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QRC/17/028	<p><b>Apologies for Absence</b> Received from: Esther Gaskill and Susan Bishop. The Committee was quorate.</p>	
QRC/17/029	<p><b>Declarations of interest</b> There were none noted over and above those already recorded in Registers of Interests.</p>	
QRC/17/030	<p><b>Draft minutes of the previous meeting of 11 May 2017</b> The minutes were agreed as an accurate record of the meeting.</p>	
QRC/17/031	<p><b>Action log outstanding items</b> All actions were complete or addressed on the agenda.</p>	
QRC/17/032	<p><b>Lay Member/Lay Representative feedback on activities relating to the Committee</b> MB commented that he had attended the Rushcliffe Primary Care Quality Group meeting on 28 June 2017 which he said had been well Chaired. At the meeting MB had raised concerns regarding the fact that there had been no complaints reported in that quarter, however he noted that this issue was covered in the quality report.</p> <p>MR informed the Committee that PRG groups had been preoccupied with the STP and trying to gain understanding of this. MR commented that in his opinion the STP was a high level mission statement and voiced concern around the difficulties of implementation. In response to this it was noted that the meeting had taken place (as per previous meeting action points) regarding the role of the QRC within the STP, however this had not provided any clear details of the way forward at this stage. It was felt that once the upcoming CCG structure changes had been implemented and the new joint committee was in place things would become clearer.</p>	
QRC/17/033	<p><b>QIA spreadsheet</b> 1 QIA received using the previous process and documentation since the last QRC which had not met the threshold for stage 2 assessment. 19 QIAs using the previous process and documentation relating to the financial recovery QIPP schemes had been reviewed jointly by County and City teams, this review had found duplication with QIAs and EIAs being completed separately. It was also apparent that the some of the schemes were not sufficiently developed to assess impact at this point and that some would need to involve engagement to inform the impact assessment and scheme. Work has been undertaken to develop a new EQIA process which is discussed later on the agenda.</p>	
QRC/17/034	<p><b>EIA update</b> There had been no new EIAs since the last QRC and prior to the new process being implemented.</p>	
QRC/17/035	<p><b>Revised EQIA process</b> This new process had been developed with the aim of addressing the inherent issues of the old approach. EQIA screening tool completed by the lead and reviewed with a full EQIA being completed if indicated by the initial screening. These are reviewed</p>	

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	<p>at a fortnightly panel, which is comprised of senior leads for quality, equality, communications and engagement across City and County CCGs. The process was said to be more supportive and developmental, a dynamic tool for ongoing review. The first review panel meeting had been held with recommendations made to the financial recovery group which would be considered at their meeting next Tuesday. The process was evolving and the first panel had also been about understanding the role of the panel, there had been good, healthy discussions and it was felt to be a more robust process than the old one.</p> <p>There was a query about how the new panel sits alongside this committee's role. This Committee was to seek assurance on the process rather than reviewing the details of EQIAs. The review panel were seeking PMO admin support for a specified person the EQIAs could be sent through to.</p>	
<b>Reports</b>		
<b>QRC/17/036</b>	<p><b>CCG Governance Leads Service Development updates</b></p> <p>Nothing for NNE, symptomatic of the move towards financial recovery. Eventually would move away from having CCG specific items due to the aligning of CCGs.</p> <p>2 NW schemes noted as open.</p> <p><b>ACTION: Follow up on the two NW CCG schemes.</b></p>	<b>LS</b>
<b>QRC/17/037</b>	<p><b>Quality Report Quarter 1 2017/18</b></p> <p>Slightly different format, more succinct on information previously included and some new additions which were noted to be: e.Coli, harm reviews, antimicrobial resistance, Safeguarding activity and local maternity services transformation.</p> <p>Page 4 gave information on HCAI, all 3 CCGs had exceeded the C Diff target for quarter one, whereas NUH were within the target. RCCG had no lapses in care, 1 identified in NNE and 2 at NW.</p> <p>There had been no MRSA primary care cases and 1 at NUH which was subject to a post infection review. E.Coli bloodstream infections was now a quality premium for this year with a view to achieve a 10% reduction, a reduction plan was being devised.</p> <p>Two indicators for antimicrobial resistance, these were currently being met except for 1 at NNE. No recurrent issues with primary care practice including prescribing have been identified in post infection reviews to date.</p> <p>There had been 63 SIs in quarter one, last year in quarter one there were 38. It was noted that there had been underreporting in maternity and NUH had been using the system of High Level Incidents (HLIs) which had now been ceased. Commissioner review panels were also now in place to ensure agreement with NUH conclusion on randomly selected cases, these sometimes meant that cases were escalated to SIs.</p> <p>There was a question regarding NUH maternity and if they had been purposefully reporting SIs as HLIs. It was noted that NUH had been following the National guidance for reporting incidents as SIs and this was not always clear cut. The commissioner review panels had found that a number of maternity and HLIs in their opinion should have been reported as SIs. It was highlighted that where NUH reported an incident on their</p>	

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	<p>HLIs this did not mean that nothing was done about these, NUH still carried out a full investigation as they would for SIs and the reports still went through to their normal governance processes. The changes in the National guidance had led to wider interpretation and changes in reporting.</p> <p>With the process at NUH of HLIs, this had been very much internal, there was now more external scrutiny by commissioners and better dialogue between the two. NUH were now reporting as SIs if they were unsure at the beginning, as it cannot always be ascertained prior to investigation, there was then the opportunity to down grade if appropriate, this felt like a more robust process.</p> <p>Page 8 was noted for the table on SI themes, these were highlighted to be classifications rather than themes.</p> <p>Question asked if as commissioners we were now satisfied with maternity service at NUH. The Risk Review meeting held Mid-May concluded that whilst there remained some areas for improvements to bring the service to the quality expected, based on the information available to all stakeholders the service was safe. It was noted that we continue to work closely with NUH to ensure that the required improvements are made.</p> <p>1 Never Event had been reported by LP, this involved an error by a junior dentist, the investigation report would come to BS.</p> <p>Harm reviews for cancer access target breaches were mentioned in that the largest number of breaches were from the lung cancer pathway, therefore a quality visit was undertaken to gain additional assurance in this area.</p> <p>Question asked of confidence in harm reviews as this was an internal process with no external review input. It was asked if there was to be any National guidance or external review implemented. This was noted to be a fairly new process which NUH had commenced approx. 18-24 months ago and as such it was very much still an evolving process with NUH working to engage their clinicians in this. It was noted that NUH now had a lead clinician and nurse for cancer services. Highlighted issue of relevant expertise for external review. The national framework was for review of any 104 day breaches, currently NUH were not able to meet this in reviewing all the cases that met this threshold. There was a suggestion made of the possibility of using peer reviews as part of the harm review process.</p> <p><b>ACTION: Enquire of feasibility to use peer reviews in harm reviews process.</b></p> <p>ED 4 hour target was not being achieved, however there had been no evidence of harm due to this.</p> <p>Safeguarding activity – details of Involvement in Domestic Homicide and Safeguarding Adult and Children reviews included in the report. It was noted that the team also either contribute to or lead on Safeguarding investigations dependant on nature of the concern and which health providers involved.</p> <p>There were currently 3 Children’s Serious Case Reviews (SCRs) for NW. Recent learning had been in relation to parental disguised compliance,</p>	<p><b>BS</b></p>

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	<p>bruising in non-mobile infants and providing opportunities for young people to speak to health care professionals in the absence of their parents.</p> <p>Transforming care – This was regarding patients with Learning Disability and Mental Health illness not being kept hospitalised for longer than necessary. Achieved quarter 1 trajectory for reducing numbers. A number of actions were being implemented to ensure people were not admitted unnecessarily. There was a requirement to reduce the amount of beds for these patient groups also. As at the end of quarter one there were 4 patients hospitalised in our area.</p> <p>CHC was off target in terms of 2 quality premiums, the percentage of assessments undertaken in hospital setting (this should be less than 15% but is currently significantly over) and time from assessment to decision (this should be 80% in 28 days). There has been a delay in procuring additional discharge to assess capacity which has impacted the first indicator. Action plans are in place for both issues.</p> <p>Integrated Personal Commissioning (IPC) – early adopter. On track with expansion of personal health budgets. We have also been asked to look at developing IPC for looked after children.</p> <p>Local Maternity System (LMS) transformation plan; BS attends the Board and one of the sub groups for this. Draft plan to be available in September ready for formal submission to NHSE in October. CCG IAF indicators showed NNE higher than the national average for smoking in maternity. NW is above the England average for neonatal and still births. It should be noted that some of the published data is from 2014/15. Improvement in quality indicators is an aim of the transformation plan.</p> <p>EMAS – full CQC report and summary on the agenda.</p> <p>Questions invited on quality visits section of the report, none noted.</p> <p>Care home quality – Overview of numbers and how rated in CCG areas. Work collaboratively with the LA for homes of concern to improve where possible to the required standard. Developing process of monitoring for home care. Met with the three largest providers in the area, with a view to having quarterly meetings with them going forward. Approximately 30 smaller home care providers, there was a view to hold two meetings with these to review their quality data information and then receive reports from them on a monthly basis. To do also for children’s home care providers.</p> <p>Patient experience – PALS details included with the report for the last 12 months. Spikes related to changes in commissioning of services. Complaints were shown in appendix 1, there had been no specific themes or trends. Now reporting on e-Healthscope concerns, this was where GPs could raise concerns to the CCGs. Work was being undertaken to increase the use of this by GP practices as this is seen as useful intelligence to triangulate to enhance quality assurance.</p>	

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QRC/17/038	<p><b>Provider quality dashboard</b></p> <p><u>NUH</u> ED 4 hour target issue continued. Slight increase in incidents for Q1; staff had been encouraged to report verbal abuse incidents. Main issues from patient feedback were around communication issues related to reasons for wait and explaining treatment protocols and prescriptions.</p> <p>Want to increase trajectory of harm reviews being completed.</p> <p>HSMR remained an outlier, joint meetings continued to be held with NUH and Dr Foster. NUH were working on coding and developing processes and meetings to support mortality reviews. Quality visit scheduled for tomorrow to attend a mortality meeting. NerveCentre used which flagged up report to coroner and need of post mortem. Processes strengthened.</p> <p>Maternity case summary reviews held. Nottinghamshire clinical maternity panel reviewed SIs to give external expertise and more robust scrutiny. NUH had developed an overarching maternity action plan which pulled together the CQC actions, staff survey and cultural issues between sites. The action plan was to be reviewed at 6 weekly maternity meetings between commissioners and the provider. New leadership in place for maternity services at NUH with awareness of what changes need to be implemented. There was a question of whether there was a resource issue in maternity services at NUH. The midwife to birth ratio was reasonable. There had been a lack of clarity in leadership in the past around decision making. NUH were an outlier for unit closures in maternity. This was noted to often be about safe staffing levels. It was asked if NUH had given assurance they would be able to implement the action plan considering capacity to deliver it. This had not been given as yet as the action plan had only just been shared. Question asked if there were any lessons to be learnt by commissioners. It was felt that these were around joined up working by County, City and contracting teams. Comment of whether the vacancy factor had been picked up on as an early indicator to look more closely at the service.</p> <p><u>LP</u> Outcomes framework implemented. Workforce issues as per the national picture. New pathways and posts being developed.</p> <p><u>Circle</u> Harm reviews were being looked at as need to ensure appropriate apportioning and input as some patients moved between Circle and NUH.</p> <p><u>EMAS</u> Query regarding the changes to thresholds for response times and whether there were measures in place to monitor risks. This was noted as not a simple metric to measure. EMAS had advised that they would be sharing information in relation to impact on quality measures.</p> <p><u>NHCT</u> On agenda regarding the spike in deaths; no specific concerns.</p> <p><u>CityCare</u> New process being implemented for back log of reviews based on risk</p>	

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	<p>assessment. The oldest overdue review is 7 months overdue. Interim arrangement, procurement of new service next July.</p> <ol style="list-style-type: none"> <li>1. <b>LP QSP minutes of 13 July 2017</b></li> <li>2. <b>CN QSP minutes of 11 July 2017</b></li> <li>3. <b>NUH QSP minutes of 21 April 2017</b></li> </ol> <p>All for information, no comments or queries.</p>	
<b>QRC/17/039</b>	<p><b>Annual Reports</b></p> <ol style="list-style-type: none"> <li>1. <b>Infection Prevention Control</b> The report gave feedback from the Community IPC Team, hosted by Mid-Notts CCGs with funding from Public Health and Julie Widdowson, for reviewing NUH IPC. Noted Exec summary on page 4. MRSA tolerance targets achieved for community cases for all 5 CCGs. Comprehensive panel met to review C Diff lapses in care and avoidable cases. All nursing and residential homes had been audited for the second year running. To dip or not to dip project around dehydration and UTIs mentioned as a lot of work had gone in to this.</li> <li>a) <b>E.coli briefing paper</b> Workstream for forthcoming year. Question asked of how GPs can support this work. It was mentioned that an Information Sharing Agreement had been sent up for this which would be given to GPs in order for agreement for the IPC team to have access to necessary records to review prescribing habits and risk factors. The CCGs did not currently have access to the national database for uploading information gathered and NUH had advised they could not take on this work without additional funding; this was not viable for the CCGs. Comment that e.Coli was high in Rushcliffe area compared to the other CCG areas. More data analysis was required to ascertain possible reasoning for this.</li> <li>2. <b>Looked after Children</b> Here for information, no comments or queries.</li> </ol>	
<b>Feedback from Sub-groups</b>		
<b>QRC/17/040</b>	<p><b>Care Homes group</b></p> <ol style="list-style-type: none"> <li>1. <b>Minutes of 06 June 2017</b> These meetings had been reorganised from being sharing information forums to gaining assurances on how issues were being addressed. Embedding new process currently. As home care evolved this would be incorporated in to this group.</li> </ol>	
<b>QRC/17/041</b>	<p><b>Health and Safety (H&amp;S) group</b></p> <ol style="list-style-type: none"> <li>1. <b>Minutes of 06 June 2017</b> Summary included within the progress report.</li> <li>2. <b>Progress report</b> Training figures remained good. Fire risk assessments were being reviewed in light of the recent Grenfell Tower fire disaster.</li> </ol>	

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	<p><b>3. Quarterly incidents report Q1 2017/18</b> No report submitted as there had been no incidents reported in Q1.</p> <p><b>4. Security Management Standards Work Plan and Q1 report</b> LS was to liaise with Kelvin Langford regarding these.</p> <p><b>ACTION: Liaise with Kelvin Langford on queries of the SMS work plan and Q1 report and feedback to the Committee.</b></p>	LS
QRC/17/042	<p><b>South CCGs Equality and Diversity Forum</b></p> <p><b>1. Minutes of 04 July 2017</b> Going forward it was commented that Caroline Stevens, Governance Office, Rushcliffe CCG and Emma Pearson, Governance Manager, NNE CCG would be leading on this forum.</p> <p><b>2. Progress report</b> EDS2 action plan presented to all GBs, this would inform the work of the E&amp;D forum. The Circle Nottingham Equality and Diversity Strategy for 2016/18 had been reviewed by the forum and they had requested the supporting action plan. Completed the annual WRES for 2017, summary reports would be submitted to GBs and were available on the CCGs websites. Noted slight improvement across the board for this.</p>	
<b>Approval / ratification</b>		
QRC/17/043	<p><b>Policies and procedures:</b></p> <p><b>1. First Aid at Work Policy</b> No changes apart from the review date to move to two yearly now as previously agreed. Policy <b>approved</b>.</p> <p><b>2. Violence, Aggression and Harassment Policy</b> No changes apart from the review date to move to two yearly now as previously agreed. Policy <b>approved</b>.</p> <p><b>3. Lone Working Policy</b> This policy had been updated with input from Kelvin Langford on procedures for tracking lone workers which had been included. Policy <b>approved</b>.</p> <p><b>4. H&amp;S ToR</b> Changed quoracy to two members and meet by teleconference now for better efficiency.</p> <p><b>ACTION: Note in the ToR that the group met by teleconference.</b></p> <p>Subject to the above mentioned change being made the ToR was <b>approved</b>.</p>	LS

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	<p><b>5. Care Homes ToR</b> Changed to represent the structure alteration to the meetings. ToR <b>approved</b>.</p>	
<b>For information</b>		
QRC/17/044	<p><b>NHS England Area Team quality surveillance group – feedback</b> Met on 26 July 2017. Two presentations given; Deputy Director of Quality at EMAS in response to CQC actions and Liz Harris, Rushcliffe CCG along with two EMAS technicians on the pilot ring fenced resource of having two separate response cars in Rushcliffe. The pilot had received positive feedback, case studies were presented. This had been received by the QSG as other areas might want to adopt a similar approach for rural areas. No significant changes to provider surveillance levels.</p>	
QRC/17/045	<p><b>CQC reports/action plans</b> <b>1. East Midlands Ambulance Service (EMAS)</b> Re-inspected February 2017, report published June 2017 and quality summit held. Safety domain warning notice lifted. Staff care and compassion recognised. CQC felt signs of improvement seen and EMAS in higher end of requires improvement rating spectrum. Staff embracing recent changes to response time protocols. Appeared to be moving in positive direction. It was noted that although EMAS had previously not been meeting response times their outcomes were more or less in line with or better than other providers as not meeting response times did not always equate to harm. There was a discussion regarding an organisation being seen as well led, it was commented that this was really based on the organisational performance rather than individual performance.</p>	
QRC/17/046	<p><b>NHCT Internal review of deaths Oct 2016 and QRM minutes related to this subject (from action point QRC/16/093)</b> There had been what appeared to be a spike in deaths in NHCT services in February and more information on this had been requested at a previous QRC. These papers had been submitted in response and showed that the deaths were actually related to natural causes and therefore this had not been a true spike of unexpected/ suicidal deaths.</p>	
QRC/17/047	<p><b>C Diff rate comparison (from action point QRC/17/010)</b> This information again had been requested at a previous QRC and was here for information. The first slide showed NUH in the middle of comparator trusts for C Diff rates 2016/17. The third slide showed NUH in the middle just against comparator trusts. However it was noted that it was difficult to compare as hospitals differed in size. The last slide showed the amount of sampling undertaken by NUH and their comparator trusts, this showed NUH were one of the highest for amount of sampling. It was noted that Leicester Hospital was of similar size to NUH. Leicester Chlorine cleaned everything and the data provided showed they were in a better position for C Diff than NUH. There was comment that Leicester were able to de cant wards easier than at NUH. C Diff figures were noted to have decreased for NUH since their cleaning</p>	

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	services had been moved in house again.	
QRC/17/048	<p><b>Safeguarding</b></p> <p><b>1. Committee – Highlight report</b> The procurement issue with the Sexual Abuse Referral Service (SARC) was noted in that NHS England had now agreed an interim service until 31 March 2018.</p> <p><b>Post meeting note:</b> It had come to light since this meeting that the highlight report had the incorrect meeting date for the Safeguarding Committee, which actually had taken place on 11<sup>th</sup> July.</p> <p><b>2. Nottinghamshire Safeguarding Adults Board – Highlight report</b> There were no comments or queries.</p> <p><b>3. Nottinghamshire Safeguarding Children’s Board – Highlight report</b> There were no comments or queries.</p>	
QRC/17/049	<p><b>Primary Care Quality Group highlight reports</b> These reports were submitted to the Primary Care Commissioning Committee and so were here for information only. There were no comments or queries further than this.</p>	
<b>Quality Assurance</b>		
QRC/17/050	<p><b>‘Clinical’ Risk Registers – Summary south CCGs</b> Mostly unchanged, reduced EMAS risk in light of the CQC report from the re-inspection. SFHT risk might now be appropriate to reduce or archive.</p> <p><b>ACTION: Liaise with Mid-Notts to ascertain if SFHT risk still on their clinical risk register.</b></p> <p>RR68 Primary care quality monitoring risk could be reduced with the amount of work now undertaken in this area.</p> <p><b>ACTION: Risk score to be reduced prior to next QRC.</b></p> <p>The Circle Endoscopy washer risk was mentioned as it was thought perhaps this was now resolved.</p> <p><b>ACTION: Check with EG on the status of the CN Endoscopy washer issue.</b></p> <p><b>1. Identification of new risks resulting from agenda item discussions</b> None.</p> <p><b>2. Items for escalation to the GB assurance framework</b> None.</p>	<p><b>BS</b></p> <p><b>EG</b></p> <p><b>BS</b></p>
QRC/17/051	<p><b>Items for escalation to the Governing Bodies</b></p> <ul style="list-style-type: none"> <li>New format and content of quality report</li> </ul>	

Item number	Agenda Item – Key Points of Discussion	ACTION
	<ul style="list-style-type: none"> <li>• HCAI Q1 update</li> <li>• Actions being take to improve on CHC Quality Premium targets</li> <li>• NUH Maternity update</li> <li>• E.Coli quality premium</li> </ul>	
<b>QRC/17/052</b>	<p><b>Any other business</b> None. *Meeting close approx. 15:05</p>	
<b>QRC/17/055</b>	<p><b>Date and Time of Next Meeting</b> Thursday 09 November 2017 1-4pm Clumber meeting room, Easthorpe House, 165 Loughborough Road, Ruddington, NG11 6LQ *Meeting close approx. 15:05.</p>	

*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*