

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

Thursday 09 November 2017

1-4pm

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

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

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| Caroline Stevens (CS) | Governance Officer, Rushcliffe CCG (For item QRC/17/069, joined the meeting approx. 2:15pm and left approx. 2:40pm) | N/A | N/A | Present | |
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| Item number | Agenda Item – Key Points of Discussion | ACTION |
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| QRC/17/056 | Welcome and Introductions JC welcomed the committee and confirmed that the meeting is quorate. | |
| QRC/17/057 | Apologies for Absence Received from: Lynne Sharp, Dr Ben Teasdale and Max Booth | |
| QRC/17/058 | Declarations of interest There were none noted over and above those already recorded in Registers of Interests. | |
| QRC/17/059 | Draft minutes of the previous meeting of 10 August 2017 A typing error was noted on page 4 of the minutes where 'NH' should have read 'NUH'. Subject to this being amended the minutes were agreed as an accurate record of the meeting. | |
| QRC/17/060 | Action log outstanding items All actions were complete or addressed on the agenda. It was noted that a response had been received for action QRC/17/037; regarding use of peer reviews in the harm review process and work was ongoing for this. | |
| QRC/17/061 | Lay Member/Lay Representative feedback on activities relating to the Committee Patient Reference Group (PRG) meeting held last week, focus had been on the accountable care system public engagement event. The citizens' advisory group were meeting today to discuss public engagement. There was noted to be a certain amount of uneasiness about what was happening with the NHS as a result of financial pressures. | |
| QRC/17/062 | EQIA spreadsheet – Finalised schemes The spreadsheet showed those schemes completed on both old and new paperwork. There had been 4 since the last report, none of which had reached the threshold for full review here. More detail was provided in the confidential section about other schemes. Work was underway to ascertain when these could be seen through the public committee. All individual schemes had to undergo EQIA screening and full assessment if indicated. | |
| Reports | | |
| QRC/17/063 | CCG Governance Leads Service Development updates The August and September meetings had been cancelled for NNE and the group met in October. The focus had been 7 day services and update on the CCG alignment. Greater Nottingham community beds and specification was mentioned. More beds were being provided as part of the discharge process. Access through single point; the new integrated discharge function. The committee reviewed whether or not this agenda item was still required for future meetings. Suggestion that the item be used for horizon scanning of what was upcoming in the next 12 months; this was agreed. | |

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| | ACTION: New standing agenda item Horizon Scanning to be added | EO |
| QRC/17/064 | <p>Quality Report Quarter 2 2017/18</p> <p>The report showed that all CCGs were over target for C Diff with NUH being under target. NW was significantly over the target number of C diff cases and Rushcliffe were not far behind them; a lot more community onset cases were now being seen. It was noted that there were now more patients with co-morbidities and at end of life. Investigation showed that appropriate antibiotics were being used.</p> <p>There had been 1 case of MRSA at NUH, the outcome of this was awaited.</p> <p>There was no formal target as yet for E.coli, however most areas were on target to reach a 10% reduction except for Rushcliffe. An action plan was in place that was on the agenda later on. Review of the data showed that there was nothing as stand out to be the reasoning behind the Rushcliffe position and the same issues were apparent as mentioned previously for C Diff; co-morbidities/complex patients. An event was being held on Tuesday next week hosted by Jeremy Hunt, which NB would be attending.</p> <p>It was highlighted that although NUH were 'green' for C diff, they did have lapses in care every month; it was asked if this was disconcerting. The committee was informed that against NUH's peers they were doing quite well and on the whole NUH carried out more rigorous testing. There were no specific areas that featured greatly in the lapses of care. It was also pointed out that a lapse in care did not always necessarily mean that the case could have been avoided. There had been none around cross-infection. Suggested though that these lapses in care might suggest something around daily processes not working properly. However, it was also noted that it would be of concern about the reporting mechanisms at NUH if none were reported. There was comment that benchmarking in this area would be interesting and it was probable that there would be similar numbers for other large trusts.</p> <p>ACTION: Cdiff lapses in care benchmarking to be included in future reports.</p> <p>Tazocin shortage issue was noted for the reduction in use of antibiotics as this had to be replaced by 2 other antibiotics so makes this target challenging.</p> <p>Noted the increase in reporting of maternity SIs by NUH was positive to see. Mentioned that SFHT had only reported 2 maternity SIs last year. The work undertaken with NUH in this area had led for the way to promote exposure of the issue on a wider scale. This was being taken forward by the regional Quality Surveillance Groups.</p> <p>IT system errors noted with admin and system processes. A quality visit was to be undertaken in respect of this in order to pull actions together. Noted efficiency of working issue with these incidents.</p> <p>Query regarding the diagnostic incident and failure to act on test results</p> | BS |

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|-------------|--|--------|
| | <p>mentioned in the report. This was in relation to a cancer patient where the clinician had not looked at the scan in a timely manner. A quality visit was undertaken and through review of the SI investigation it had been identified that a safety net needed to be put in place.</p> <p>The never event at Woodthorpe Hospital was mentioned, this had been an incorrect procedure where the patient was due to undergo a trigger finger procedure but a carpal tunnel procedure was actually carried out. The investigation report by Woodthorpe was said to have been good, being open and honest and looked at the wider system which identified a cultural issue to be addressed at the hospital. On the back of this Woodthorpe had introduced regular audits to ensure this is addressed. A quality visit to theatres was arranged for the end of this month.</p> <p>104 day waits noted to be reducing as a consequence of the recovery action plan. Harm reviews were being embedded in to MDTs, this was improving engagement with clinicians and gaining momentum.</p> <p>ED had seen an increase in the number of complaints, there was no key theme for these. A quality visit was undertaken as part of an internal CQC peer review late October. This flagged up the issues of the blue area (holding area in the middle of ED). NUH were trying to minimise the amount of patients in this area as it was difficult to monitor. There was a question if the quality metric indicator of 81, 86 was good. It was noted that when first introduced the metric had been in the low 60s and also that not all hospitals did this.</p> <p>Discharge to assess went live on 02 October, it was hoped this would help with the flow out of the hospital. Noted how there had been a cultural issue of the problem being an ED issue, there was now realisation that this was a whole hospital/ system issue not just for ED to solve, instead it was about the flow through the whole hospital.</p> <p>It was noted that Safeguarding was not covered in a lot of detail by this committee as it was discussed in depth at the Safeguarding Committee meetings.</p> <p>Transforming Care Programme was mentioned, for which Nottinghamshire were currently 1 case over the trajectory. At the end of quarter 2 there was 1 inpatient in each of the 3 South Nottinghamshire areas. A number of new services had recently been commissioned to help with admission avoidance/ expedition of discharge. Currently not looking to discharge 2 of the 3 patients until the end of the year due to requiring ongoing treatment.</p> <p>Continuing Healthcare (CHC) was not achieving premium quality indicators though movement was in the correct direction. The target was for less than 15% of assessments to take place in hospital by April next year. The trajectory had been achieved in August and September, the Discharge to Assess pathway will help with this. The 28 day target of referral would not be achievable until the new service was in place next July.</p> <p>Local Maternity Service deadline for first draft plan by end of October,</p> | |

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|-------------|--|---------------------|
| | <p>patient and public engagement conducted. The first draft plan had been submitted and awaiting feedback from NHSE. Query raised if NUH had the capacity to implement the action plan. Extra resource had gone in to the leadership at NUH, recruitment is currently underway.</p> <p>No new CQC assessments in the last reporting period. CQC well led inspection of NHCT 14-16 November 2017, for the whole trust; physical and mental health services.</p> <p>With regards to quality visits there had been observation at the NUH mortality review group and Quality Committee. Learning from deaths through review of SIs took place at the mortality review group. Cancer pathway work also done in mapping and aligning the pathway. There was suggestion of including information to state when an action was completed.</p> <p>ACTION: Information regarding completion of recommended actions following quality visits to be included in future reports.</p> <p>The neuro disability service was mentioned under the care home quality section of the report as there had been an issue with consultant oversight, this had now been resolved with specialist neuro rehabilitation consultant in place to work together with the local GP to provide the required oversight.</p> <p>The hard work of the care homes team was highlighted to have reached the current position for care homes. A monthly reporting system had been set up for care homes and providers of home based care. The team had met with the 3 largest providers of home care and would continue to meet with them on a quarterly basis. Meetings were arranged in the next few weeks to meet with the smaller providers of home care to introduce the new requirements to them also.</p> <p>The committee were informed of an upcoming retirement in the Care Homes team at the end of this month. The post could not be recruited to until after the CCG alignment was complete. This would therefore create short term capacity issues in the team. Work would be prioritised during this period.</p> <p>The CQCs rating chart for home based care providers was mentioned with regards to 52% not yet inspected. It was noted that there had been more of a focus on care homes. It was asked if there was a low or high quality risk. Concerns were not being received but this work required to be taken forward to ensure assurances were in place. Due to the nature of home based care it was felt to be a risk area that there had not been a great deal of monitoring of these providers in the past, although it was noted that information was obtained through CHC.</p> <p>With regards to primary care all GP practices had now been inspected and the second wave of CQC inspections had commenced. West End had been inspected again at the end of October, from which the report was awaited.</p> <p>The committee was informed that the Patient Experience team would no</p> | <p>BS/EG</p> |

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|--------------------------|--|--------|
| | <p>longer be able to provide information to patients regarding access to dental services (NHSE commissioned service) and would instead signpost to NHS England, which Mid-Notts and City CCGs already did.</p> <p>No themes or trends for complaints identified.</p> <p>E-Healthscope was now being utilised more by GPs to raise concerns. This was originally rolled out in NW and traditionally used there. The quality dashboard had also been built in e-Healthscope. It was noted that the majority of GPs were not used to using e-Healthscope and needed to become familiar with it. Patient safety issues were noted to be reported through the NRLS and this had been promoted first to GPs, therefore education around the use of e-Healthscope for highlighting concerns would now be strengthened. There was suggestion of using examples of what has already been put on e-Healthscope to promote the use in other CCGs. It was noted that Rushcliffe GPs did not appear to use e-Healthscope at all.</p> | |
| <p>QRC/17/065</p> | <p>Provider quality dashboard</p> <ol style="list-style-type: none"> 1. LP Highlight report - QSP 09 October 2017 2. CN Highlight report - QSP 12 October 2017 3. NUH Highlight report - 21 July and 20 October 2017 <p>Issues in relation to provider quality had been mainly covered by the Quality Report, therefore the chair opened up for any questions. Noted LBH workforce turnover was high, query regarding how we are how assured there was no impact on patient care. This had been queried at QSP with LP, the turnover figure was stated to be around students and staff moving roles due to new developments in the community. Outbreak of C diff noted with increasing complexity of patients and increase in falls which was being looked in to. CQC had just visited.</p> <p>Queried the inappropriate admission of 16/17 year old to adult beds, described on page 57, was the CCG assured this was an isolated case. LBH had been using section 136 beds (safety) and also had to go out of area, therefore building additional facility for children beds (also to include pre and post-natal mother and baby facility). This new build was to open next year.</p> <p>Page 74 noted with regards to unsafe transfers of care for LP and NUH. It was asked what the definition was of an unsafe transfer of care and if these instances were inevitable. Work had been undertaken in this area between the providers to improve the process of review and learning. Regular meetings were now held between the providers, transfer issues were RAG rated to prioritise review of those rated red and then amber. Mainly these incidents were issues that did not cause any immediate safety concerns for the patients, e.g. not enough bandages supplied.</p> <p>EMAS workforce was highlighted due to the low percentage of achieved appraisals (13.7%) and mandatory training (48.91%). Achievement of these would be improved by recruitment to a new structure according to EMAS, it was noted that this had been stated previously by EMAS and although there had been some improvement seen, these figures were now slipping back. It was noted that the committee was not assured on</p> | |

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|-------------|---|--------|
| | <p>this. The issue would be taken to the next EMAS clinical assurance and delivery group (CADG) meeting which NB attended (note EG attending next one).</p> <p>ACTION: Assurance to be sought in relation to recovering the EMAS appraisal and mandatory training position and monitoring impact on quality at next CADG meeting.</p> | EG |
| QRC/17/066 | <p>Annual Reports</p> <p>1. Safe Management of Controlled Drugs Report April 2016 – March 2017</p> <p>This report was required to be submitted to the controlled drugs network. CO presenting the report was the nominated controlled drugs lead on behalf of the CCGs. Some of the work undertaken throughout the year, described in the report was highlighted to the committee, this included review of prescribing trends; prescriptions of long duration, high quantities and high strength medications. Incident reporting was included in the report though it was noted there was not many as these were only the ones reported through GP practices and self-reporting in the care home sector. Most incidents came through from community pharmacy and were captured by NHS England.</p> <p>A significant fraud investigation had been carried out by the controlled drugs team with the practice and the police. The team had also carried out an investigation in to a wrong route administration of a controlled drug in a care home. Learning was highlighted from SI investigations to providers. There had been work undertaken around transdermal patches where the wrong dose or wrong type had been prescribed. There had been an issue with the picking list in the GP system which was fed up nationally by the team and the list order was changed.</p> <p>Education and training provided on site at GP practices. Practice reports compiled.</p> <p>Policies, procedures and guidelines constantly reviewed and updated.</p> <p>The team visit homes with underperformance, high turnover of staff and where instances of incorrect documentation for controlled drugs, to hold training sessions and circulate newsletter for information and learning.</p> <p>It was asked what the value was of the analysis of prescribing data. This was said to alert the team to medications not on their formulary, picks up quantities/length of time prescribed/high strengths. The medicines safety officer undertook a lot of the controlled drugs work and had found patients on 10 times the dose they should have been.</p> <p>Suggestion made to include the audit work in care homes within the report. Mention of the abbreviations used in the report that some had to be looked up by the reader and it would be helpful to</p> | |

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|---------------------------------|--|--------|
| | <p>have them in full the first time written in the report. Thanks extended for a very good report.</p> <p>2. Serious Incidents This was noted to be the 2016/17 report. There had been an overall reduction in PUs, it was noted that previously there had been avoidable and unavoidable included whereas now only avoidable stage 3 and 4s had to be reported as an SI. HCAI numbers had reduced from 39 to 21 in 2016/17. There had been an increase in maternity SIs. Ongoing work around falls reduction, challenging internal targets set by NUH. Mention of LBH now having discharge beds and since seen a couple of falls. Concern raised regarding the levels of self-harm, it was asked if all the cases were within the mental health trust which was confirmed. Thanks extended to BS and Liz Gundel for compiling such a comprehensive report.</p> | |
| Feedback from Sub-groups | | |
| QRC/17/067 | <p>Care Homes group</p> <p>1. Minutes of 05 September 2017 Format changed, looking now at information on concerns for care homes, enabling sharing and feedback. Focus on LPZ project (reducing harms), continence, falls and nutrition to align with national priorities. More of an assurance group now rather than just information sharing.</p> | |
| QRC/17/068 | <p>Health and Safety (H&S) group</p> <p>1. Quarterly incidents report Q2 2017/18 Noted low reporting rates for NNE, especially for IG incidents. Queried if this was a true reflection of the picture of if there was a cultural issue with reporting in the CCG. For the size of the organisation the number of incidents reported appeared low. It was mentioned that there were several staff at NNE that due to the nature of their roles (safeguarding/ patient experience) had been granted special circumstances to receive patient identifiable information so in this respect there may be less IG incidents reported.</p> | |
| QRC/17/069 | <p>South CCGs Equality and Diversity Forum</p> <p>1. Minutes of 04 July 2017 Ratified minutes submitted for information. This had been the first meeting with the new agenda format introduced for the E&D forum based on EDS2.</p> <p>2. Progress report Better understanding of population data. Continue to review complaints. Meetings look at compliance with each standard.</p> | |
| Approval / ratification | | |

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| QRC/17/070 | <p>Policies and procedures:</p> <ol style="list-style-type: none"> 1. Electrical Safety Policy Deferred. 2. CN QSP ToR Changes to membership and quoracy. Approved by the committee. 3. QRC ToR No changes made due to the current restructure of the CCGs being in progress, it was agreed that these would be reviewed again in 6 months' time once the new structure was in place as there was likely to be changes to the ToR due to the alignment of the 4 CCGs. JT informed the committee that this would be his final meeting as he was retiring. It was noted that it might be difficult in the future to obtain public Health representation at the committee. The Chair thanks JT for his contribution to the meeting and on behalf of the committee wished him well in his retirement. <p>ACTION: Submit the ToR for review in 6 months' time (May 2018).</p> <ol style="list-style-type: none"> 4. E&D ForumToR Deferred. | NB |
| For information | | |
| QRC/17/071 | <p>NHS England Area Team quality surveillance group – feedback It had been acknowledged that the QSG meetings had become performance focussed and the meeting should be about quality impact. Discussion had been held by the group of the ACS and how QSGs would work in this new structure. This was to be followed up next year around February time. There would perhaps be a mixture of surveillance of individual providers and across service pathways. The next meeting was scheduled to take place on 22 November and would focus on maternity, in light of the recent findings at NUH; all commissioners had now been asked to submit evidence regarding their monitoring processes for maternity.</p> | |
| QRC/17/072 | <p>CQC reports/action plans None currently.</p> | |
| QRC/17/073 | <p>SEND reforms assurance papers This provided an update in terms of the statutory duties. Number 4 in the report was noted as this showed where the SEND agenda was interdependent with other areas, such as the transition from children to adults. Currently meeting all duties. 20,000 CYP in the County and approx. 2,000 had got an education and healthcare plan (EHCP). There were to be changes to the tribunal process to commence March 2018, a series of training events were to be rolled out so that the implications of this could be fully understood. There would be new duties placed on health. There had been 47 cases to tribunal this financial year. 15/16 had seen 19 to tribunal and 16/17 57.</p> | |

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|--------------------------|--|--------|
| | <p>Page 7 showed the standard contract 16/17, EHCP needed to be in all contracts up to the age of 25. These were written in to for the children's services, the adults side required review which would be picked up with contracting teams.</p> | |
| <p>QRC/17/074</p> | <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 October 2017 Again for information, there were no comments or queries. 3. Nottinghamshire Safeguarding Children's Board <ol style="list-style-type: none"> a) Highlight report September 2017 No comments or queries. b) Annual Report 16/17 The foreword from the Independent Chair was highlighted with regards to the third paragraph as this was thought to be a big statement to make, stating that they were satisfied that organisations were working effectively to keep children and young people safe. Noted there was to be significant changes to safeguarding arrangements through the working together document on how to keep children safe that was due to be published next year. Meetings had been arranged to look at what would need to be put in place locally. | |
| <p>QRC/17/075</p> | <p>Primary Care Quality Monitoring</p> <ol style="list-style-type: none"> a) Quality Group highlight reports The Q2 primary care quality dashboard was available from the beginning of November. NNE practices were in the main green with the exception of one practice at amber due to their flu vaccinations data not being uploaded for last year, the practice had been contacted to offer support. Visit expected to Ivy next week to review their well led domain. For NW practices it was mentioned that Linden CQC investigation results were to be published this week. All practices were green or green star with the exception of West End which had recently been re-inspected by the CQC, outcome awaited. The CCG continue to work with the practice to support improvement. In Rushcliffe all CCGs are green or green star. Belvoir Health Group underwent re-inspection on 8 August 2017 and was awaiting the outcome. Top tips for achieving flu vaccine targets had been circulated to practices. A meeting had been held with City CCG regarding the dashboard implementation there, this would total 99 practices on the dashboard then. b) 360 Assurance Internal Audit Report | |

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|--------------------------|---|--------|
| | Significant assurance received following the audit. 1 action was identified regarding refreshing the quality strategy in light of the primary care co-commissioning arrangements. The work of Esther and the CCG primary care teams was acknowledged. | |
| QRC/17/076 | <p>Local Maternity Systems Update As already mentioned the initial draft report had been submitted for the deadline, this was not yet available in the public domain, therefore the item had been deferred.</p> | |
| QRC/17/077 | <p>Personal Health Budgets (PHB) – Action plan update Limited assurance received. All actions identified had already been highlighted by the working group. Work was ongoing to ensure all the necessary monitoring was in place. All actions were now either completed or partially complete. Noted as high priority. Action completion dates of October were noted to have been optimistic and feedback had been given to 360.</p> | |
| QRC/17/078 | <p>Nottinghamshire wide Escherichia coli (E.coli) Blood Stream Infection Action Plan This was to be revisited when there was two quarters of risk factors data available. The plan had been developed by providers and commissioners across Nottinghamshire.</p> | |
| Quality Assurance | | |
| QRC/17/079 | <p>‘Clinical’ Risk Registers – Summary south CCGs Most risks remained unchanged. SFHT risk RR63 was requested to be altered to align to the Mid-Notts CCGs risk rating of likelihood 3, consequence 2 making it amber-green rather than amber as currently on the South Notts CCGs risk register.</p> <p>The care homes risk was increased slightly due to the reduced capacity in the team.</p> <p>Monitoring of Primary Care quality reduced but this might need to be revisited when covering 4 CCGs rather than 3.</p> <p>DoLS risk reduced due to work undertaken in this area.</p> <p>Quality and Equality Impact Assessment Process risk reduced due to new EQIA process in place.</p> <p>Maternity risk was to be reviewed after the table top review exercise scheduled for 14 December.</p> <p>1. Identification of new risks resulting from agenda item discussions Queried whether mental health oversight should be a new risk. It was noted that BS now attended the meetings held in relation to this area of work and a quarterly audit process had been commenced on self-harm and suicides. It was suggested that this not be put on the risk register as yet and instead there be a focus on mental health at the February QRC at which point it could then be reviewed as to whether or not the committee felt this was a risk.</p> | |

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| | 2. Items for escalation to the GB assurance framework None. | |
| QRC/17/080 | Items for escalation to the Governing Bodies <ul style="list-style-type: none"> • Issues arising from the Quality Report to include, HCAI position against limits, transforming care trajectory and CHC quality premium targets. • PHB 360 assurance report. | |
| QRC/17/081 | Any other business SB informed the committee that this would also be her last meeting as she was leaving the CCG in December this year. Both SB and JT were thanked by the committee for all their contributions. | |
| QRC/17/082 | Date and Time of Next Meeting Wednesday 14 February 2018 1:30-4:30pm Committee room, Gedling Civic Centre, Arnot Hill Park, Arnold, NG5 6LU *Meeting close approx. 15:40 | |

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