

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

Monday 30th April 2018

1:00– 4:00pm

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

Membership:		30.4.2018
Janet Champion (JC) (Chair)	Lay Member, NNE CCG	Present
Nichola Bramhall (NB)	Chief Nurse/ Director of Quality, Nottingham City NNE, NW and Rushcliffe CCGs	Present
Max Booth	Patient Representative, Rushcliffe CCG	Apologies
Michael Rich (MR)	Patient Representative, NW CCG	Present
Lynne Sharp (LS)	Head of Governance and Integration, Rushcliffe CCG	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 Paramjit Panesar	GP Representative – NNE CCG	Apologies
Jean Gregory (JG)	Head of Quality and Adult Safeguarding, NNE, NW and Rushcliffe CCGs	Present
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	Present
Kerrie Adams (KA)	Senior Commissioning Manager, Quality and Clinical Governance, Notts County Council	Present
In Attendance:		
Liz Gundel (LG)	Quality Support Officer, Quality & Patient Safety Team, NNE, NW and Rushcliffe CCGs (<i>minutes</i>)	Present

Item number	Agenda Item – Key Points of Discussion	ACTION
QRC/18/001	Welcome and Introductions JC welcomed members and a round of introductions were made.	
QRC/18/002	Apologies for Absence Apologies were received from Max Booth and Dr Parm Panesar. Nicola Hodson sent apologies for agenda item QRC18016 and this was covered by Nichola Bramhall.	
QRC/18/003	Declarations of interest for items on the agenda 1. Management of any real or perceived conflicts of interest There were none noted over and above those already recorded in Registers of Interests.	
QRC/18/004	Draft minutes of the previous meeting of 14 February 2018 The minutes were agreed as an accurate record of the meeting.	
QRC/18/005	Action log outstanding items QRC/17/087 – The EMAS paper from City CCG QIC had been sent to EO for circulation to committee members. Closed.	

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QRC/18/006	<p>Lay Member/Lay Representative feedback on activities relating to the Committee</p> <p>Discussed how lay representatives would fit into the new Greater Nottingham CCP structure. It was suggested that the PRG could combine work programmes with CCGs. NB highlighted there might be an opportunity for lay members to be involved in EQIA panel work.</p>	
QRC/18/007	<p>EQIA spreadsheet – Finalised schemes</p> <p>Noted the details of all EQIAs undertaken during 2017/18 and 2018/19 to date. One EQIA had been completed in the last reporting period. No significant quality impacts were identified. Some scheme EQIAs had been included in the confidential session as they were either still in development or awaiting a decision as to whether or not they would proceed.</p> <p>Noted that the EQIA process would change next year in that it would no longer be a separate process but would be considered as part of the business case/proposal development.</p>	
Reports		
QRC/18/008	<p>Horizon Scanning</p> <p>The CQUINS had altered slightly for 2018/19 and this had been communicated to the providers.</p>	
QRC/18/009	<p>Quality Report Quarter 4 2017/18</p> <ol style="list-style-type: none"> 1. <u>HCAIs</u> NNE CCG had achieved the year-end limit for Clostridium difficile (37/47 cases). NW CCG had exceeded their target by 6 cases (21/27) and Rushcliffe exceeded by 6 cases (30/24). Although some CCGs were over target, no poor practice was found. NUH also exceeded the limit by 10 cases, with 30 cases being assigned in Q4 alone (101/91). NB added that the last quarter had been difficult at NUH regarding bed occupancy. 2. <u>MRSA</u> All three CCGs met the zero tolerance target. NUH had 2 cases, 1 of which was a contaminated sample. 3. <u>Escherichia Coli</u> NNE and NW CCGs achieved the 10% reduction target for E.Coli. Rushcliffe exceeded the target by 5 cases (101/96); however there was a reduction in cases of 6% from the 2016 baseline. NUH achieved their 10% reduction target. The target would continue into 2018/19. From Q2, CCGs had been collecting primary care data to gain greater understanding of themes and risk factors to identify actions to reduce cases. To date no significant themes have been identified. 4. <u>Serious Incidents</u> Q4 saw a reduction in the number of incidents reported (47) compared to Q4 in the previous year (53). The highest category continued to be stage 3 pressure ulcers which were mainly reported by Local 	

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	<p>Partnerships and NUH. There had been an increase in maternity incidents reported by NUH compared to 2016-17 and this was seen as a positive step to improve its governance and also for implementation of improvement initiatives.</p> <p>Emergency Department – reduced performance in Jan-March 2018 had seen an impact on the quality indicators such as complaints, incidents and Family and Friends scores. There had been 3 ED-related SIs which had been investigated. NB added that the situation was settling down in ED but that pressures remained. Joint quality visits with NHSI continued. BT suggested that when discussing ED it would be preferable to refer to it as the Trust Emergency Care Performance.</p> <p>One Never Event was reported in Q4: a wrong site surgery (intra-ocular injection to the wrong eye) and this had been investigated. Three Never Events had been reported in 2017-18 by NUH, LP and Woodthorpe Hospital.</p> <p>5. <u>Harm Reviews</u> CCGs continued to monitor 104 day cancer breaches and had reported a reduction in numbers. There had been a significant improvement on performance for cancer waits. Discussions were being planned with NUH regarding Surgery Harm Reviews.</p> <p>6. <u>Safeguarding</u> The city and county Safeguarding Teams (children and adults) had been working to develop joint safeguarding arrangements as part of the Greater Nottinghamshire Integrated Care System.</p> <p>In Q4 there were 3 high-profile Domestic Homicide Reviews undertaken (one in Rushcliffe and two in NNE); one of which was also subject to a MAPPA review involving both city and county.</p> <p>The Multi Agency Safeguarding Hub had seen a continual increase in the numbers of cases requiring information sharing. Work was underway to review referrals as some had been found to be inappropriate.</p> <p>7. <u>Person Centred Care – Transforming Care (LD)</u> Looking to reduce the number of patients with a learning disability residing in long-term hospital care. Performance for year-end 2017-18 highlighted a +11 variance against the TCP trajectory (68/57). CCG performance was -1 against target (25/26) and for NHSE commissioned services a +12 over trajectory was noted (43/31). Various actions were in place to recover the situation such as weekly calls and monthly escalation meetings with the STP and NHSE.</p> <p>8. <u>Continuing Healthcare</u> Lots of focus on CHC. Noted the aim to reduce the number of assessments undertaken in acute hospital settings. The group noted the CCG performance against the CHC Quality Premium indicators. Only NW had achieved the <15% national target for % assessments in acute settings with 9%, with NNE was at 20%; (this was an improvement) and Rushcliffe at 29%.</p>	

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	<p>A second indicator for % of decisions communicated within 28 days of assessment showed that both NNE and NW had achieved 100% with Rushcliffe at 94%.</p> <p>9. <u>Integrated Personal Commissioning</u> County and City IPC Programme Boards to join to form an STP-wide board (including Mid Notts). Work focussing on the increasing number of personal health budgets.</p> <p>10. <u>Local Maternity Services Transformation Plan</u> NHSE have been heavily involved. Sub-groups were accountable for specific areas of the plan. It was noted that the maternal smoking indicator was a difficult area to achieve against however a Public Health Working Group was involved in this. It was noted that the figures (P20) were roughly in line with national figures. City was at 15% and currently an outlier. Mansfield and Ashfield CCGs reported higher figures in the county. There was significant work underway around engagement.</p> <p>11. <u>Care Homes</u> Woodthorpe View (NNE) had had its contracts suspended by the CCG and Local Authority. Issues identified around meds management, care records and staff training. There were no NHS funded placements at the home.</p> <p>Nottingham Neuro-disability service at Millwood (NNE) – continued quality monitoring by the LA and CCG. Meeting in May to review improvements made.</p> <p>Giltbrook - Quality concerns resulted in a contract suspension by the CCG and Local Authority. A Provider/Relatives meeting is planned at the home on 3 May.</p> <p>12. <u>Patient Experience</u> Continued patient concerns received in relation to the new pain pathway. Issues relate to access and communication. CCGs would use the feedback to improve and prepare for future service changes.</p> <p>There had been a decline in enquiries relating to patient transport.</p> <p>13. <u>E-Healthscope Q4 report</u> The report highlighted the numbers and themes of GP practice reported issues and of the actions taken. A weekly review is undertaken and high risk issues are reported to the quality lead for that provider so that they can be raised at the Quality Scrutiny Panel or equivalent. It was noted that currently Rushcliffe practices did not use EHealthscope however EG would pick this up with them. BS added CCGs and NUH had met to discuss unsafe transfers of care and review all red-rated issues. This had led to a shared understanding.</p>	
QRC/18/010	<p>Provider quality dashboard</p> <p>The Circle and NUH QSP Highlight reports of the 24th and 20th April 2018 were noted. Key highlights from the provider quality dashboards were:</p>	

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	<ol style="list-style-type: none"> <li data-bbox="347 282 1353 752">1. <u>NUH</u> ED-2 x 12 hr breaches, deterioration in patient experience (FFT and complaints), increase in incidents (incl.3 SIs), and joint visits with NHSI continue. Static 104 day cancer breaches- 26/31 harm reviews completed- evidence of harm in one case (Head and Neck). 1 mixed sex accommodation breach YTD. HSMR remains an outlier although SHMI and crude mortality rates within normal limits. CCG continue to attend mortality surveillance group. 1 Never Event in Q4 which related to intra-ocular injection into wrong eye. Failure of checking processes on initial review but RCA investigation expected to CCG in line with SI Framework. Mandatory training and appraisal performance impacted by operational pressure. Maternity governance oversight continues- enhanced leadership and augmented structure now almost fully established. <li data-bbox="347 786 1353 987">2. <u>Local Partnerships</u> Work in progress to understand reason for leaving, engagement underway with staff in relation to sickness absence management. New safeguarding supervision framework being implemented which should improve compliance. Lings Bar - focus on staff skill mix and training to meet needs of higher acuity patients. <li data-bbox="347 1021 1353 1155">3. <u>NHCT</u> Mental Health - SI at Orion Unit relating to serious self-harm- safeguarding strategy meetings taking place to gain assurance in relation to learning/action. <li data-bbox="347 1189 1353 1357">4. <u>Circle Nottingham</u> Deterioration in a number of workforce indicators (training/ vacancies/ turnover) which could be as a result of the re-procurement- staff being kept informed and indicators being monitored. No harm identified from 104 day cancer breaches. <li data-bbox="347 1391 1353 1626">5. <u>SFHT</u> Low dementia screening rate - deep dive being undertaken to understand issues. FFT- focussed work in maternity and gynaecology outpatients to address issues. Medical recruitment for ED underway, work continues to improve flow and reduce handover delays. Spike in sickness in Feb thought to be related to flu. 2 never Events YTD - RCAs underway. <li data-bbox="347 1659 1353 1895">6. <u>EMAS</u> Not meeting new performance targets as yet. Improvement seen though with most clinically unwell patient cases. Handover delays remain an issue in Leicestershire and Lincolnshire which has a knock on impact. Work continues to improve handover delays and reduce conveyance. Discussions with CCGs to support increase in contract value. <li data-bbox="347 1928 1353 2029">7. <u>CityCare</u> Sickness high in some teams- contingency plans enacted to ensure safe staffing including redeployment of corporate clinical staff. 	

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QRC/18/011	<p>Annual Reports</p> <ol style="list-style-type: none"> <u>QRC Report</u> - The report highlighted member's attendance for 2017/18, details the progress against the 2017/18 work programme and identified the priorities for 2018/19. The QRC approved the report for submission to the Governing Bodies. <u>Safeguarding Report</u> - Noted the work undertaken in 2017/18 such as monitoring progress and learning relating to six Serious Case Reviews. A concern was raised regarding the LeDeR process (Learning Disability Review Process) which went live in October 2017 and was currently short of reviewers. Extra training had been done and some limited funding had been found to undertake the backlog. The QRC noted the report. <u>Health and Safety Group</u> Security Management Standards - the next Self-Review Tool submission would be later in the year due to the disestablishment of NHS Protect and the standards being reviewed. CCG policies have been reviewed and updated in line with the policy review cycle. Due to Greater Nottingham alignment it was proposed that formal approval of these policies be delayed until full alignment has been completed and a full review could be undertaken. Members noted the CCG staff Health and Safety and Fire Safety training uptake figures (as of 31.3.2018). Overall the figures were good with Rushcliffe achieving 100% for both. Incident reporting – As in previous years the majority of incidents (15/18) were I.G. related with only two attributable to the CCGs. The QRC was assured regarding the delivery of the work programme for 2017/18 and approved the 2018/19 objectives/work programme noting this was subject to clarity in respect of the Greater Nottingham arrangements. <u>South CCGs Care Homes Subgroup</u> Noted the structure of the group had changed and the minutes were now confidential as care homes of concern were discussed in more detail in order to share information with key agencies. Agency members submitted highlight reports to each meeting. National and local guidance would be added to the work programme for 2018/19. The group had reviewed policies and procedures and had recently discussed the NEMS verification of deaths in care homes process to gain clarity. Following alignment, further work was needed to look at the future of the group and the possibility of aligning with the City Care Homes Steering Group and to discuss an assurance framework. The QRC took assurance with regard to the delivery of the work programme for 2017/18 and approved the 2018/19 objectives and work 	

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	<p>programme.</p> <p>5. <u>Equality and Diversity</u> The group noted the progress during 2017/18 including:</p> <ul style="list-style-type: none"> • CCG identification of an Autism Champion (the E&D Lead across all 4 CCGs) • Agreeing a final action plan for the BSL charter, • Accessible Information Standard being embedded at GP practices • Completion of CCG WRES and development of an action plan. • Will capture views from members and groups who represent the interest of people who share protected characteristics to ensure their views are considered in commissioning services and developing policies • E&D Forum will align with the City CCG group <p>6. <u>Primary Care Quality Groups</u> EG highlighted the Terms of Reference would be reviewed and the attendance of the IPC team would be considered. The report noted the summary of achievements for 2017/18:</p> <ul style="list-style-type: none"> • 360 Assurance of Primary Care quality monitoring undertaken • Practice support visits • Sepsis Audit undertaken and identification of a Sepsis Lead in each practice completed • Splenectomy Audit undertaken. Practices action plans put in place to ensure patients were offered appropriate vaccinations and that an ongoing recall system was in place. • Closure of The Willows Medical Centre and the shared learning undertaken. • NHSE had accepted the Primary Care Quality Dashboard and Splenectomy Audit to publish on their Leading Change, Adding Value website <p>Priorities for 2018/19 would be working with City practices and embedding the quality dashboard, continue to develop the dashboard, undertake the annual self-assessment and complete a second splenectomy audit. The group noted the supportive documents that had been developed and circulated to practices.</p>	
Feedback from Sub-groups		
QRC/18/012	<p>Health and Safety (H&S) group</p> <p>1. Quarterly incidents report Q4 2017/18 A total of 18 incidents were reported by the three south CCGs – a slight reduction from the previous year. Fifteen of these were IG related. The 3 non-IG incidents were a loss of purse at work and two scalding incidents from use of a new water boiler. Appropriate actions had been identified and had been followed up.</p>	
QRC/18/013	<p>South CCGs Equality and Diversity Forum The March meeting had been cancelled and no update was available. The</p>	

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	E&D Forum would align with City CCG going forward.	
For information		
QRC/18/014	NHS England Area Team quality surveillance group – feedback The next QSG meeting would take place on 23 rd May.	
QRC/18/015	CQC reports/action plans CQC will re-inspect 20% of GP practices nationally each year.	
QRC/18/016	SEND reforms assurance paper The SEND paper was noted for information. NB highlighted the huge amount of work involved in the transfer of people from statements to care plans.	
QRC/18/017	Safeguarding <ol style="list-style-type: none"> 1. Strategic Safeguarding Group - Highlight report 6 April 2018 Noted for information. 2. Nottinghamshire Safeguarding Adults Board meeting of 12 April – Highlight report Noted for information. 3. Nottinghamshire Safeguarding Children’s Board of 14 March - Highlight report Noted for information. 	
QRC/18/018	Primary Care Quality Monitoring - Quality Group highlight reports <p><u>NNE</u></p> <ul style="list-style-type: none"> • CQC had undertaken a focused inspection of Peacock Medical Practice recently and the report was awaited • The Om Surgery CQC report had highlighted a ‘requires improvement’ overall and ‘requires improvement in the Safe and the Caring domains. EG had visited the practice to support them with their action plan. <p><u>Rushcliffe</u></p> <ul style="list-style-type: none"> • East Leake Practice had been re-inspected and their report was awaited. <p><u>Nottingham West</u></p> <ul style="list-style-type: none"> • The Manor Practice had received their report and had been rated as outstanding. Eight NW practices had now achieved outstanding. • Following CQC inspections which rated the West End Practice as ‘inadequate’, the practice has now announced it will be closing. Letters have been sent out to patients and the CCG is working with NHSE to ensure the 3500 patients are safely dispersed to neighbouring practices. LS thanked EG and her team for their input and management of the situation adding that this gave the CQC assurance. 	
Quality Assurance		
QRC/18/019	‘Clinical’ Risk Registers – Summary south CCGs	

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	<p>RR62 NUH ED – still have spot purchased beds open and ED performance remains an issue.</p> <p>RR85 LeDeR - JG re-iterated the issues around capacity to meet demand as currently short of reviewers. Additional funding had been found to undertake the backlog. The risk score would remain unchanged.</p> <p>RR86 – Spot purchased beds. Remains open but noted it was now a reduced risk. There were no major negative indicators. The feedback and learning from the process would be incorporated into modelling for the future. The risk rating had been reduced to 9 however it would be left on the register and re-assessed.</p> <p>The QRC noted and agreed the risks and ratings.</p>	
QRC/18/020	<p>Items for escalation to the Governing Bodies</p> <ul style="list-style-type: none"> • HCAI year-end position against limits. • Impact of performance on quality in NUH Emergency Department • Transforming Care (LD) year-end was 11 cases over trajectory for reduction in inpatients • Continuing Healthcare. All four CCGs achieved the national trajectory for decision making in 28 days (>80%) • Patient Experience – Q4 patient concerns relating to the new pain pathway 	
QRC/18/021	<p>Any other business</p> <p>None.</p>	
QRC/18/022	<p>Date and Time of Next Meeting</p> <p>Due to the alignment to Greater Nottingham CCP, there would be no further meetings of this committee in its current form.</p> <p>*Meeting closed approx. 14.45pm</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