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NHS Corby Clinical Commissioning Group Governing Body Meeting – 28 October 2014

Title: Quality Committee Minutes

Number: GB-14-96

Author: Quality Committee

Contact No: 01536 560420

Presented by: Peter Boylan, Director of Nursing & Quality

Purpose / Summary:

- To inform the committee of the minutes of the Quality Committee held on 12 August 2014

Relevance to Strategic Delivery:

		Strategic Priorities		
		Care Closer to Home	Reconfiguration of Hospital Services	The establishment of a credible and accountable, fit for purpose statutory organisation
Strategic Objectives	To develop and implement an out of hospital strategy <input type="checkbox"/>	To commission high quality evidence based services <input type="checkbox"/>	To comply with all statutory duties and achieve full authorisation <input checked="" type="checkbox"/>	
	Develop capacity and capability in primary and community care <input type="checkbox"/>	To implement the outputs from the Healthier Together programme <input type="checkbox"/>	To ensure high quality services through increased clinical and managerial leadership <input checked="" type="checkbox"/>	
			To deliver all national and local targets <input type="checkbox"/>	
			To work with member practices, public, patients and partners to commission efficient and effective services within budget <input type="checkbox"/>	
		Not Applicable to Strategic Delivery <input type="checkbox"/>		

Recommendations:

The Corby Clinical Commissioning Group Governing Body is asked to:

- Note the contents of the minutes

Appendix:

- Quality Committee minutes – 12 August 2014

Quality Committee Meeting Minutes

Tuesday 12 August 2014 13:00 hrs to 16:55 hrs

The Board Room, Francis Crick House

Present:

Christina Edwards (CE)	:	Non-Executive Director NHS Nene CCG (Chair)
Peter Boylan (PB)	:	Director of Nursing and Quality, NHS Nene & NHS Corby CCGs
Ben Gowland (BG)	:	Chief Executive, NHS Nene CCG
Kathryn Moody (KM)	:	Director of Contracting & Procurement, NHS Nene CCG
Gillian Prager (GMP)	:	Nurse Board Member NHS Corby CCG
Joanne Watt (JW)	:	GP Board Member for Quality NHS Corby CCG

In attendance:

Jane Bell (JB)	:	Head of Nursing, NHS Nene & NHS Corby CCGs
Emma Clarke (EC)	:	Senior Quality Improvement Manager, NHS Nene & NHS Corby CCGs (Items 16 - 17)
Matthew Davies (MD)	:	Clinical Executive Director Strategy NHS Nene CCG
Alison Jamson (AJ)	:	Head of Quality, NHS Nene & NHS Corby CCGs
David Knight (DK)	:	Senior Quality Improvement Manager NHS Nene and NHS Corby CCGs (Item 18)
Liz Rogers (LR)	:	Senior Complaints Manager, GEM CSU (Item 15)
Marianne Phillips (MP)	:	Minute Taker NHS Nene CCG
Fiona Pimm (FP)	:	Senior Quality Improvement Manager NHS Nene and NHS Corby CCGs (Item 13)
Matthew Spilsbury (MS)	:	Head of Performance, NHS Nene CCG (Item 20)
Peter Watson (PW)	:	PMO Project Manager Nene CCG (Item 12)
Rose-Marie Usher (RU)	:	Individual Funding Request Manager, GEM CSU (Item 14)

1. Welcome and apologies for absence

The Chair welcomed attendees and confirmed that due notice of the meeting had been given in line with the Terms of Reference and that the meeting was quorate. Apologies were received from Carole Dehghani (CD) and Darin Seiger (DS).

CE informed the Committee that it was GMP's last meeting and CE thanked GMP for her significant and valued contribution and all present wished her well for the future.

2. Declarations of Interest

There were no declarations of interest made by those present.

3. Patient Story

JW presented a patient story in a timeline of events to illustrate the challenges faced by GPs when caring for a patient with two major diagnoses which overlap. Correspondence is unsatisfactory from outpatient clinics and in this case resulted in an avoidable outcome for the patient. Following discussion it was agreed that the importance of communication

between primary and secondary care would be added as a risk to the Quality Team Risk Register (see item 5).

4. Minutes of the previous meetings held on 10 June 2014 **QC-14-76**
The minutes of the meeting held on 10 June 2014 were approved as an accurate record.

4.1 Matters arising

AJ confirmed that in regard to the invitation extended to the quality team to attend the mortality coding meeting at Northampton General Hospital (NGH) which was noted in the Minutes of 10 June, Emma Clarke attended the meeting and gained satisfactory assurance.

4.2 Action Log **QC-14-77**

- **Strategy for prevention and control of infection and communicable disease 2014-17 (11.2.2014 Item 7.1)**

Names of Infection prevention leads have been submitted by most Practices – AJ will ask Fiona Pimm to check the status of returns with Dr Kamal Sood and if necessary check directly with Practice Managers. **ACTION: AJ**

- **Performance Data 0-9 year olds attending A&E (8.4.2014 Item 4.2)**

A coherent view of the status of children's health is needed and the reasons why such a high number of 0-9 year olds are attending A&E. JB will work with Richard Bailey and the Joint Commissioning Team and Michael Kaiser and the Urgent Care team to clarify this.

- **Looked after children, timeliness of referrals from NCC (8.4.2014 Item 7)**

PB wrote to the Head of Children's Services and is awaiting a response. NHFT and NCC need to share information systems in order to work more effectively.

- **National Audit Office Report re. Elective waiting times (8.4.2014 Item 15)**

It was confirmed that there are only a few outstanding responses and these are being regularly chased. The report on outstanding assurance will be brought to the October meeting.

- **Area Team Annual Complaints Report 2013-14 (10.6.2014 Item 11)**

It was confirmed that future reports will contain more detailed analysis.

The remaining actions and updates were noted.

5. Review of Risk Register **QC-14-78**

AJ confirmed that the risk register is reviewed on a monthly basis and that since the last Quality Committee meeting no new risks have been added.

The Committee discussed the risks associated with Ebola and it was noted that guidance for Acute Hospitals and GPs has just been released. It was agreed that the risks and mitigations are similar to any other disease and therefore it should not be listed separately on the register.

Mindful of the issues with communication between primary and secondary care which were illustrated in the patient story heard earlier in the meeting it was agreed that this risk should be included on the register. **ACTION: AJ**

6. Quality and Performance Report

QC-14-79

KM introduced the performance report highlighting the high level of attendances at NGH and the work underway to address this. Delayed discharges are a concern and Northamptonshire Providers have committed to a plan to reduce delayed discharges by November.

EMAS are on trajectory to deliver against the target by October but pressure needs to be maintained in order to ensure they not only meet the target but aim to exceed it and continue to do so.

Referral to treatment times are a national issue and additional funding has been received in order to clear the backlog. The 62 day Cancer target continues to be a concern and colleagues are working closely with University Hospital Leicester as they provide some of the pathways. KGH have made improvements to their pathways and it is hoped that this will positively impact NGH's performance.

The Committee discussed a concern regarding outpatient follow up appointments for stroke patients. Appointments are not routinely scheduled in all cases and the GPs agreed that it was imperative that each patient is monitored.

AJ introduced the Quality report noting that NGH had one never event in the last period and the investigation report is under review. AJ will bring the never event investigation report to the October meeting. **ACTION: AJ**

AJ reported that despite poor performance in Q1, KGH had met the Dementia CQUIN in July and that the team are confident the changes that have been made to improve performance have been embedded.

The Committee noted that four nursing homes closed in June and July due to concerns around the quality of care.

The Committee noted the Quality and Performance report.

Items for Approval / Ratification

7. Safeguarding Strategy 2014-2019

QC-14-80

JB explained that the Strategy had been updated to include adult and child safeguarding and had been developed in collaboration with all health providers. The five year priority action plan is included and is aligned with LSCBN and Safeguarding Adults action plans.

The Committee discussed the Strategy and agreed that it requires more work before it can be approved. JB will re-write and bring back to the October meeting. **ACTION: JB**

- 8. Safeguarding Annual Report 2013-14** **QC-14-81**
The Committee noted and approved the Safeguarding Annual Report.

- 9. Equality, Inclusion and Human Rights Policy** **QC-14-82**
PB introduced the policy explaining that it is a joint policy with Corby CCG and has been reviewed and updated by the Inclusion and Equality Leadership group.

The Committee accepted the Policy and it will be presented to the Governing Body on 19th August for ratification.

Themes items for discussion: Clinical Effectiveness

- 10. CQUIN Achievement Report 2013-14** **QC-14-83**
AJ introduced the report explaining that it contained an overview of achievements through CQUIN schemes for 13/14.

The Committee discussed the report, noting that EMAS' performance under the conveyance CQUIN is monitored by the NHS Erewash Quality Assurance Group every two months (attended by a senior representative from the CCG quality team), quarterly data is reported to the Urgent Care working groups, and the contracting team discuss performance at the Partnership Boards.

The Committee noted the report.

- 11. Annual Cost Improvement Programme (CIP) Provider Quality Impact Assessment (QIA) 2014-15** **QC-14-84**
AJ explained that the paper presented is an assurance report as a result of the confirm and challenge meetings held with all three local NHS provider organisations. All have a current RAG rating of green and the intention is not to repeat the meetings until next year.

The Committee noted the report.

Peter Watson (PW) joined the meeting.

- 12. Clinical Commissioning Groups QIPP Review of Quality Impact Assessment (QIA) Process** **QC-14-85**
PW explained that QIPP programmes have been reviewed to assess the robustness of QIAs and to address any gaps. A senior representative from the Quality Team now attends the QIPP Delivery and Implementation Group (QDIG). The Quality and Equality Integrated Impact Assessment Policy has been updated in line with national guidance.

The Committee discussed the work undertaken and agreed that urgent focus is needed to ensure all QIAs are robust and the associated risks are monitored on an on-going basis.

PW and AJ will ensure the Programme Management Office and the Quality Team work closely with colleagues to ensure QIAs are reviewed and that this is reported on a regular basis at QDIG (and the equivalent group in Corby). Stuart Rees to present on progress to the Quality Committee at the October meeting on how the risks are being managed on an on-going basis.

ACTION: PW/AJ/SR

JW will check Corby CCG's process for managing QIPP to ensure QIAs are sent for review by the quality team.

ACTION: JW

The Committee approved the QIA Policy and it will be presented to both governing bodies in October for ratification, prior to publication on their websites.

ACTION: HS

PW left and Fiona Pimm (FP) joined the meeting.

13. Quality Improvement in Primary Care QC-14-86

FP explained the relatively new role for CCGs which supports Primary Care and works with the Area Team to improve quality. A work plan has been developed and it aligns with the overarching Quality Team work plan.

BG noted that with the commencement of the new Locality Chairs it would be imperative to gain their thoughts and support for the work plan and to ensure that the work is positioned to be positive and supportive. Building relationships will be key and work will be inclusive of the entire Primary Care workforce, not just GPs.

The Committee were supportive of the approach outlined and FP, PB and AJ will work on how to take the work plan forward with Dr Kamal Sood (as Clinical Executive Director for Localities and Primary Care) and the Locality Chairs.

ACTION: PB/FP/AJ

FP left and Rose-Marie Usher (RU) joined the meeting.

General Items for Discussion

14. Individual Funding Requests Annual Report 2013-14 QC-14-87

RU explained that as a result of the last meeting amendments had been made to the report to include turnaround times, a graph, and individual accounts where funding has been given.

The Committee discussed the potential confusion between individual funding requests and Prior Approvals. PB will look into the link between the Prior Approval Policy Group and the Governing Bodies and report back in October.

ACTION: PB

RU left and Liz Rogers (LR) joined the meeting.

15. Annual Complaints Report 2013-14 QC-14-88

LR explained that the report had been revised to ensure it aligns with NHS regulations, includes statistical data and lessons learned.

The Committee discussed the report noting concern that 40 complaints took over 25 days to be resolved. LR explained that actions have been implemented to tackle this delay such as the process for escalation within organisations has been clarified and an investigation tool is being sent to enable organisations to better investigate complaints. The team aims to bring all complaints under the 25 day target but where there are more complex situations, an extension is agreed with the complainant.

The Committee agreed that a column to show how many of the 40 complaints were complex cases should be added and that the recovery plan on which LR is currently working should be brought to the next meeting in October. **ACTION: LR**

LR explained that going forward, unless a case is taken to the Ombudsmen, a bi-annual report will be provided to the Quality Committee.

LR left and Emma Clarke (EC) joined the meeting.

16. Annual Serious Incident Report 2013-14 QC-14-89

EC explained that both acutes have recognised issues with reporting timescales and have implemented new processes to target this. An improvement is expected. The amount of additional information that is requested in response to reports has increased since last year.

The Committee discussed the report and the high number of serious incidents relating to hernia patients. This has been reviewed by the trust and shared through both the CQRM and CCG mortality review group. No themes were identified.

The Committee discussed the nature of the additional information that is requested and queried the quality of the root cause analysis provided by the acutes. AJ confirmed that the quality of these is challenged through the CCG SIARG process and the quality varies between providers although providers are now producing higher quality reports.

The Committee noted the report.

17. Update on Northampton General Hospital (NGH) Caesarean Section Rates QC-14-90

EC confirmed that elective sections have decreased from 16.7% to 10.9% and that NGH are much improved in the way that they validate their data. The Quality Team is assured that NICE guidance is followed but has requested that future reports illustrate the number of maternal choice sections as opposed to clinical need sections. The team will continue to monitor the data.

The Committee noted the report.

EC left and David Knight (DK) joined the meeting.

18. Overview of Urgent Care Themed Quality Visits QC-14-91

DK explained that a series of visits had been undertaken by Quality and Urgent Care Teams to all urgent care providers. In all cases, good care was observed and no cause for concern was found.

The Committee discussed the visits particularly to Derbyshire Health United who provide the NHS 111 service. It was noted that it can take up to 9 months for a new member of staff to be fully proficient in all the pathways and that currently there is a 13% sickness rate. Whilst these are of concern, the care observed was good and clinical advice was good. The team will monitor and a further round of visits has been scheduled.

The Committee noted the report.

DK left and Matthew Spilsbury (MS) joined the meeting.

20. Cancer Services Assurance Review Update

MS updated the Committee noting that NGH had called in an intensive support team and the outcome of this is awaited. A full report will be available and brought to the Committee in October.

NGH, KGH and UHL have been meeting to discuss partnership arrangements and have jointly appointed a consultant with UHL. Deep dive meetings have been scheduled to seek assurance around the partnership.

The Committee noted the update.

MS left the meeting.

Review of the current risks

21. Review of the current risks

The Committee agreed that in addition to the risks to be added as noted at the start of the meeting, a risk should be added in relation to the turnaround time for complaints.

ACTION: AJ

Items for Information

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| 22. Clinical Quality Review Visits
The paper was noted. | QC-14-92 |
| 23. Clinical Quality Review Meeting Notes
The notes were noted. | QC-14-93 |
| 24. NHS Commissioning Assembly: Commissioning for Quality
CE highlighted the commendation for the Quality Team for good practice. | QC-14-94 |
| 25. Northamptonshire Health Strategic Safeguarding Forum Minutes
14.6.14 / 30.7.14 (draft)
The minutes were noted. | QC-14-95
QC-14-96 |
| 26. Inclusion and Equality Leadership Group Minutes 7.7.14
The minutes were noted. | QC-14-97 |

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| 27. | Countywide Patient Safety Forum Minutes 5.6.14 (draft)
The minutes were noted. | QC-14-98 |
| 28. | Whole Health Economy Infection Prevention Control Committee Minutes 22.5.14 / 17.7.14 (draft)
The minutes were noted. | QC-14-99
QC-14-100 |
| 29. | Quality Surveillance Group Minutes 23.5.14
The minutes were noted. | QC-14-101 |
| 30. | Northants Prescribing Management Group Minutes 15.7.14 (draft)
The minutes were noted. | QC-14-102 |

Any Other Business

CE explained that a request had been received for Healthwatch representatives to attend Quality Committee meetings. It was agreed that CE should meet with the Chair of Healthwatch to discuss and agree a way forward. **ACTION: CE**

JW noted that NHFT had been having difficulty in receiving GP Concerns which was due to an incorrect email address, this has now been rectified.

JW raised concern in relation to County Paediatric and Child Mental Health services and the process for approvals. MD and JB will look into this. **ACTION: MD/JB**

There being no further business the meeting closed at 4.55pm.