

GOVERNING BODY MEETING ON 20 NOVEMBER 2018

MINUTES TO BE RECEIVED

Title of Meeting	Quality Improvement, Governance and Engagement Committee
Date of Meeting	30 October 2018
Status (ratified/draft)	Draft
CCG Representatives	See minutes

Summary of key issues discussed:

- A presentation was given by the Head of Complaints, NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) of the annual complaints report; the Committee were given an explanation of the service offered by MLCSU.
- **Quality Review Visits:** Discussion took place on the proposed first quality review visit to BTH Mental Health Decision Unit and Pathway, which was due to take place in November and which had been postponed due to the fact that a beneficial exercise had been commissioned with the support of Northumberland NHSFT. It was felt that the recent inception of the Quality Improvement Board would deliver Key Performance Indicators (KPIs) and that quality visits by the CCGs would be incorporated within the KPIs. Discussion also took place on quality visits that take place at Lancashire Teaching Hospitals Trust (LTH) - Preston Hospital and although initially there had been some concern from LTH in relation to such visits, (as is the case at BTH), the outcome had proved positive for both organisations.
- **The CCG Safeguarding and Looked After Children Draft Annual Report April 2017-March 2018** was presented which described the range of activities and developments that have taken place and how the CCG has contributed to the partnership arrangements across the fast changing landscape. The report provided assurance to the QIG & EC that the CCG has fulfilled its statutory responsibilities to safeguard the welfare of children, including those looked after and adults at risk.
- **Lancashire Safeguarding Children's Board (LSCB) and Lancashire Safeguarding Adults Board (LSAB) Annual Report year 2017-18:** The report presented to QIG & EC was a resume of the full (lengthy) annual report, (a link to which is provided within the October 2018 minutes). It was noted that positive progress had been evidenced in the course of the 2017-18 year in both Children's and Adults services, however there was a backlog of Deprivation of Liberty safeguards applications (this problem was not specific to Lancashire, but was common to other authorities).
- Patient and Public Engagement update was provided with reference being made to the recent Joint Patient and Public Engagement and Involvement Groups (both Fylde and Wyre CCG and Blackpool CCG); 27 people attended from across the Fylde Coast. The meeting provided the opportunity to observe how a joint meeting would work going forward and the outcome was very encouraging. A further joint meeting would take place in December which would include the annual PPE Chairs' Reception.

- The quarterly Primary Care Quality Improvement and Governance (PCQIG) report was reviewed by the Committee, of particular note was a) the Care Quality Committee (CQC) recent inspections of two Fylde and Wyre CCG GP practices, reports are awaited; b) the CCG will be hosting 'Neighbourhood Workshops' during October and November 2018 where discussions will be held regarding the effective use of resources, general management and winter planning; c) the CCG has raised concerns with Public Health England (PHE) over the challenges faced due to low stock of the Adjuvanted Trivalent Flue (aTIV) vaccine; d) the Strategic Executive Information System (StEIS) has been closed in relation to the delayed childhood immunisations serious incident; e) Advancing Quality Alliance (AQuA) is currently supporting the Fylde Coast Integrated Care Partnership (ICP) to improve regulated care home patient safety and build capability.
- **Equality impact and risk assessment (EIRA) – Fylde and Wyre CCG Boundary Change:** The Committee approved the EIRA in relation to the boundary changes only and were assured that services within the two Practices (Garstang and Gt Eccleston) would remain 'business as usual' during the financial year 2018-19.
- **Emergency Preparedness Resilience and Response (EPRR) Annual Assurance report:** The Committee's attention was brought to the review of EPRR activity throughout 2017-18. There was a requirement for CCGs to declare a level of compliance for themselves and providers to NHS England; Blackpool and Fylde and Wyre CCGs had declared a 'substantial awareness' work plan was in place and BTH had declared a 'partial assurance' work plan was in place.
- **Quality Report:** Highlights included
Mixed Sex Accommodation Breaches: BTH no breaches; LTH 40 breaches; MBFT 24 breaches. Nine breaches affected Fylde and Wyre patients all occurring at LTH.
Incidence of Healthcare Associated Infection: CDI - Nine new cases affecting Fylde and Wyre patients, four Trust apportioned and five reported by Community Services. MRSA: No cases were reported in relation to Fylde and Wyre patients.
Never Events: No Never Events reported at BTH; one reported at LTH.
Serious Incidents: Three new Serious Incidents reported in August relating to Fylde and Wyre patients (one at BTH and two at LTH).
Trolley Waits in A&E Not Longer than 12 Hours: BTH 34 breaches, with no patient harm noted by the BTH Quality Review Group. Issue of Mental Health bed availability is a major issue and NHSE, BTH, CCG and LCFT representatives are in daily communication to manage the situation.
18 Week Referral to Treatment: (Incomplete): Currently BTH 79.7% and LTH 79.5%, both Trusts have failed to achieve overall 92% target since April 2017. Spire Fylde Coast Hospital did not achieve overall 92% target in July or August 2018. Current overall performance is 86.1%.

Issues requiring action:

Details:	By whom:	Timescale:

Recommendation

The Governing Body is asked to review and note the contents of the minutes.

Dr Ian Stewart

Secondary Care Doctor

Chair – Quality Improvement, Governance and Engagement Committee

QUALITY IMPROVEMENT, GOVERNANCE AND ENGAGEMENT COMMITTEE**TUESDAY 30 OCTOBER 2018, BOARDROOM, WESHAM, 9.30 AM TO 12.00 PM****Present:**

I Stewart	Governing Body Secondary Care Doctor (Chair)
V G Chandrasekar	GP and Elected Clinical Lead
K Greenwood	GP and Elected Clinical Lead
C Lewis	Acting Executive for Governance, Patient Safety and Risk
J Panesar	GP and Elected Clinical Lead
B McKeowen	<i>On behalf of P Tinson</i>
K Toole	Lay member for Patient and Public Engagement

In Attendance:

L Anderson-Hadley	Chief Nurse, Blackpool CCG
I Bashall	
C Brown	Non- Executive and Chair of Quality Committee, Blackpool CCG
S McVicker	Quality and Performance Manager MLCSU
A Marquis-Carr	Head of Safeguarding
N Medway	Senior Integrated Governance Manager Risk/Assurance
T Riddick	Senior Integrated Governance Manager (Primary Care)
S Thompson	
J Pennington	Executive Assistant / Minute-taker

David Brewin, Head of Complaints and Patient and Liaison Service (PALS), NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) was welcomed to the meeting to present the annual complaints report, he provided an explanation of the service offered by MLCSU which was to manage formal complaints in line with NHS Complaints legislation, Parliamentary and Health Service Ombudsman guidance and best practice and that MLCSU were measured against a 40 day target. Highlights of the report included the number of complaints received during 2017-18 (= 46); a breakdown of which was provided as follows:

Complaint/Issue not upheld	17
Complaint/Issue partially upheld	5
Complaint/Issue upheld	13
No consent therefore closed	1
Provider investigating	2
Signposted to NHS England	1
No further contact therefore closed	2

Headlines from the above complaints were shared with the Committee viz:

- Five CHC complaints. Reduction from eight received last year and lower than other CCGs.
- Increasing numbers of complaints about delay, waiting times and access to treatment.
- Medicines management complaints about both repeat prescriptions ordering and access to particular products.
- Eight complaints about Blackpool Teaching Hospitals Trust.
- Lessons learned routinely identified and reported but how do we know they are completed and whether changes made a difference?
- Increased complexity and more multi agency complaints.
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In relation to Parliamentary and Health Service Ombudsman, the Committee noted that two cases were upheld during 2017-18; both required an action plan and financial remedy. There was one new referral to the Ombudsman in 2017-18.

D Brewin advised that, from lessons learnt, MLCSU was currently working to change the focus of complaints management to that of individual action plans for complainants and broader service improvements. C Lewis advised that where complaints are commissioning issues, the relevant Commissioner is made aware of the details of the complaint and also notified of the conclusion to the complainant.

A recommendation was made for MLCSU's complaints team to link in with Healthwatch Lancashire, D Brewin advised that connections with Healthwatch organisations was variable but confirmed that MLCSU did work closely with the ones that held advocacy status.

In response to a query D Brewin confirmed that should, for example, seven complaints be received within one letter then that would be treated as one complaint not seven.

C Lewis advised the Committee that D Brewin is a source of expertise for the CCG and ensures we adhere to good complaints management practice.

D Brewin was thanked for his presentation which the Committee found interesting; he was also thanked for the quarterly complaints updates that were submitted to the QIG & EC for information.

D Brewin left the meeting at this point.

1	Introduction
1.1	Apologies for Absence: Apologies for absence were received from P Tinson, J Aldridge, J Lonsdale, A Bate and A Janjua.
1.2	Declarations of Interest K Greenwood declared a non-differential, non-pecuniary interest in item 5.1 on the agenda (Primary Care Quality Improvement and Governance Report); the Chair confirmed that K Greenwood could stay in the room, participate in discussions and vote on any decisions deemed necessary.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of last meeting – 28 August 2018 The minutes of the meeting held on 28 August 2018 were approved as a correct record
2.1.1	Table of Attendance 2017-18 Noted.
2.2	Matter arising from minutes of last meeting – 28 August 2018
2.2.1	Discharge Letters Review (26 June 2018 minutes refer/Item 6.1/para 2) <i>Extract from June 2018 minutes: At a recent PPE meeting an issue had been raised and discussed regarding the length of time patients and GP practices were waiting for discharge letters from the hospital (in some cases up to six weeks). N Medway had indicated that this issue was regularly raised via the Insight Datix system and K Toole asked if this could possibly be an area of work that could be reviewed by the CCG. Detailed discussion ensued and A Janjua suggested that a</i>

	<p><i>GP practice be asked to provide a snapshot review of letters received, to include data such as date dictated/date received. C Lewis suggested A Janjua's proposal be submitted and discussed at a future Practice Manager forum.</i></p> <p>In response to the aforementioned, T Riddick presented a report relating to discharge letters which included rationale/methodology/results and summary. The results and summary were noted by the Committee; figures included: Out of a total of 167 outpatient letters 87 were received within 1-7 days, 36 within 8-14 days, 11 within 15-21 days. In total 134 discharge letters were received within three weeks (services over three weeks included Podiatry {11}). Out of a total of 13 inpatient letters - all were received within 1-7 days. In summary - out of a total of 180 inpatient and outpatient letters reviewed (snapshot of discharge letters), 100 were received within 1-7 days and 47 received within three weeks (147 out of 180 within 1-3 weeks).</p> <p>A further drill down into specific data received for both inpatients and outpatients by speciality was shared with the Committee.</p> <p>The Committee agreed assurance had been given that letters are received within the appropriate timeframe and thanked T Riddick for undertaking the exercise.</p>
2.3	<p>Action Sheet from meeting held on 28 August 2018 The action sheet was noted and updated accordingly.</p> <p>Actions</p> <ol style="list-style-type: none"> 1 Complete. 2 Complete. 3 Re Mortality: The Chair read out a response from the Director of Nursing and Care Professionals, NHS England (NHSE). It was agreed that letters between the Chair and the Director of Nursing and Care Professionals would be shared with the Committee, (these can be found embedded within the minutes below). It was noted that one of the letters makes reference to the establishment of a Quality Improvement Board and C Lewis provided additional information in relation to this Board such as representation on the Board and the expectation that there would be a set of Key Performance Indicators (yet to be identified and agreed), that the Board would monitor. The Board would not only monitor mortality at BTH but also other quality and performance issues. C Lewis confirmed she would be attending the Board meetings on behalf of both CCGs and would formulate a written report for submission to QIG & EC going forward. 4 Complete. 5 Complete – response from J Panesar was noted. 6 Complete – response from BTH was noted. 7 Agenda item. 8 Complete. 9 Complete – update from S McVicker was noted. 10 On-going.
3	<p>Patient Safety</p>
3.1	<p>Blackpool Trust Hospitals NHS Foundation Trust (BTHFT) Mortality update report The updated mortality report was reviewed and discussed. The Chair commended Harun Patel for the work undertaken on the report prior to his departure to commence work at Blackburn with Darwen CCG. It was noted that although the Keogh Trusts were now listed alphabetically, it was felt that the form of indication advising whether they were doing better or worse was confusing. It was agreed that going</p>

	<p>forward an up/down/level arrow would be used to provide such information.</p> <p>Further discussion ensued on data within the 'work in progress' report and it was agreed that:</p> <ul style="list-style-type: none"> • Amends would be made to capture full trends of pathways as opposed to a snapshot. • CQC alerts will need headlines in the 'findings' column. • A review would be undertaken on how quickly the Trust amend their risk register in relation to SHMI data
3.2	<p>Safeguarding bi-monthly report</p> <p>A Marquis-Carr presented highlights from the bi-monthly report, including:</p> <ul style="list-style-type: none"> • Working Together Consultation 2018 continues at a pace; all new local arrangements must be implemented by 29 September 2019. • OFSTED following the four week Ofsted Inspection in June 2018, children's services have received an overall judgement of 'requires improvement'. The Ofsted report, published in August 2018, highlights 11 recommendations for improvement. Work continues on this service. • Safeguarding in Care Homes with Nursing the Committee noted one Nursing Home on the Fylde and Wyre footprint was presently on RADAR and is in a multi-agency Quality Improvement process (QIP), with another on RADAR due to a recent CQC inspection judgement of 'requires improvement'; another Nursing Home remains on RADAR. One nursing home continues to be monitored through a multi-agency QIP action plan; and there is a Nursing Home on RADAR following recent change of ownership. Three residential providers within the Fylde and Wyre footprint were currently on RADAR. • Safeguarding standard returns under the contract: 100% of commissioned services and contracted nursing homes have submitted their safeguarding audit, and 100% of GP practices have provided an update in respect of policies and training. • Safeguarding – Children: There are presently 176 (September 2018 figures) children subject to a child protection plan (a decrease from August 2018 figure of 181).
3.3	<p>CCG Safeguarding and Looked After Children Draft Annual Report April 2017-March 2018</p> <p>This report described the range of activities and developments that have taken place and how the CCG has contributed to the partnership arrangements across the fast changing landscape. It was noted that the report had been shortened from previous years but still provided assurance to the QIG & EC that the CCG has fulfilled its statutory responsibilities to safeguard the welfare of children, including those looked after and adults at risk.</p> <p>The report focussed on the key areas of the CCG's Safeguarding Team's core business including:</p> <ul style="list-style-type: none"> • Delivery of the Statutory Safeguarding functions • Developing and Strengthening Pathways and Services • Using intelligence and information to inform decisions • Influencing Partnerships • Other quality functions • Safeguarding Quality Improvement <p>Positive comments were made on the reader-friendly layout of the report. There being no queries, the Committee approved the report.</p>

3.4	<p>Lancashire Safeguarding Children's Board (LSCB) and Lancashire Safeguarding Adults Board (LSAB) Annual Report year 2017-18<i>(deferred from August 2018)</i></p> <p>Both Boards are required to produce and publish an annual report which reflects on safeguarding practice and issues in the area. The report presented to QIG & EC was a resume of the full (lengthy) annual report, (a link was provided to the full annual report within the resume). It was noted that positive progress had been evidenced in the course of the 2017-18 year in both Children's and Adults services, however there was a backlog of Deprivation of Liberty safeguards applications (this problem was not specific to Lancashire, but was common to other authorities). A review of adult Multi-Agency Safeguarding Hub (MASH) alerts was currently underway.</p> <p>The Committee received and approved the annual report.</p>
3.5	<p>Frances Report <i>(deferred from August 2018)</i></p> <p>The report presented to the Committee provided an update on issues which remained ongoing and highlighted exceptions. In March 2017 it was noted that there were five areas highlighted as continuing development, an update on those areas was shared with the Committee viz:</p> <ol style="list-style-type: none"> 1 Complaints monitoring of provider services The mechanism for reporting and monitoring 4Cs data was now well established which included a monthly sitrep report which is shared as anonymised data with the CCG's Assurance Group, thus allowing the monitoring of themes and trends. 2 Roll out of Datix to capture soft intelligence This has now been effectively implemented and all soft intelligence data collected by the CCG as part of its engagement activity is recorded on the Datix system. 3 Primary Care PQIP visits continued in 2017/18 and 2018/19 with a peer assessment approach being utilised, as well as patient experience and quality of services being measured, as part of the GP Quality Contract. NHS England continues to work with practices on individual complaints. 4 Organisational Development (OD) The CCG's OD plan has been continuously monitored by the OD Forum with an update being provided bi-annually to the Clinical Commissioning Committee (CCC). In addition an internal audit was conducted by MIAA in April/May 2018; MIAA made a number of minor recommendations which have since been implemented. 5 Engaging with patients, public and stakeholders. At the time of reporting in March 2017 the CCG undertook to refresh its communications and engagement strategy, this was successfully completed and was expanded to include community development work. The communications and engagement strategy is reported to the QIG & EC as well as the Governing Body. <p>There being no additional exceptions to report, the report was received and approved by the Committee. Following discussion it was agreed that the Frances report would be removed from the QIG & EC annual workplan and would only be presented to future QIG & EC meetings if there were any highlights or exceptions to bring to the Committee's attention.</p>

4	Public and Patient Engagement (PPE)
4.1	<p>Sub-Group update K Toole presented exceptions and highlights which included an update on the recent Joint Patient and Public Engagement and Involvement Groups (both Fylde and Wyre CCG and Blackpool CCG); 27 people attended from across the Fylde Coast. The meeting provided the opportunity to observe how a joint meeting would work going forward and the outcome was very encouraging. A further joint meeting would take place in December which would include the annual PPE Chairs' Reception. The PPE meeting held on 11 October was devoted to the Equality and Diversity grading event.</p>
4.2	<p>Complaints Annual Report D Brewin gave a presentation at the beginning of the meeting; minutes above refer.</p>
5	Primary Care Quality
5.1	<p>Primary Care Quality Improvement and Governance (PCQIG) report T Riddick presented the PCQIG report highlighting the following:</p> <ul style="list-style-type: none"> • Care Quality Committee (CQC) recently inspected two Fylde and Wyre CCG GP practices, with two more inspections expected to take place before the end of the year; full reports are awaited. It is the intention to share lessons learnt at future Practice Manager and Practice Nurse forums. • In place of the requirement to hold individual practice PQIP visits, the CCG will be hosting 'Neighbourhood Workshops' during October and November 2018 where discussions will be held regarding the effective use of resources, general management and winter planning. • The CCG has raised concerns with Public Health England (PHE) over the challenges faced due to low stock of the Adjuvanted Trivalent Flue (aTIV) vaccine. The CCG have been assured that there will be sufficient supplies although a phased approach would need to be introduced. • The Fylde Coast E.Coli Steering Group continues to monitor the action plan to reduce the number of Escherichia (E.Coli) Gram Negative Bloodstream Infections; updates will be provided at future meetings. • The Strategic Executive Information System (StEIS) has been closed in relation to the delayed childhood immunisations serious incident; the CCG continues to work closely with the Child Health Information Services, the PHE local screening and vaccination team at NHS England and all GP practices to continue to improve processes locally. • Advancing Quality Alliance (AQuA) is currently supporting the Fylde Coast Integrated Care Partnership (ICP) to improve regulated care home patient safety and build capability. Local quality and safety improvement workshops have been arranged to take place in November 2018, it was noted that the workshops were over-subscribed and that additional events would be introduced. <p><i>T Riddick left the meeting at this point</i> <i>T Whitfield joined the meeting at this point</i></p>
6	Corporate Governance
6.1	<p>Equality impact and risk assessment (EIRA) – Fylde and Wyre CCG Boundary Change T Whitfield, Commissioning Support Officer, presented the EIRA and advised the Committee that this risk assessment was in relation to the boundary changes only and that services within the two Practices (Garstang and Gt Eccleston) would remain 'business as usual' during the financial year 2018-19. There</p>

	<p>being no queries in relation to the EIRA, the assessment was approved by the QIG & EC.</p> <p><i>T Whitfield left the meeting.</i></p>
6.2	<p>Quality Premium (QP) up to Month 06 2018-19</p> <p>S Thompson provided an update on current performance against Quality Premium (QP) indicators for 2018-19; it was noted that the latest potential value of QP, as at 19 October 2018, was £564.280, with a current end of year forecast of £282.140. A comment was made and noted in relation to QP indicators being unfair as the CCG did not have the influence to improve some of the indicators.</p>
6.3	<p>QIG & EC Review of Terms of Reference</p> <p>The Chair advised that although the Committee's Terms of Reference were due for review in October 2018, an evaluation of all Committees Terms of Reference was currently being undertaken to evaluate Committee structures of Fylde and Wyre and Blackpool CCGs with a view to determining the optimised method of running Committees in Common across both CCGs. Therefore, this agenda item was deferred to a future meeting following receipt of the outcome of the evaluation.</p>
6.4	<p>Governing Body Assurance Framework</p> <p>It was noted that there were currently 23 risks held on the full Assurance Framework, two of which were very low risks, one low risk, 12 medium risks and eight high risks. Three risks were closed in the period 25 June – 25 August 2018.</p> <p>VG Chandrasekar referred to Risk 96 : <i>Risk of people suffering a TIA going on to suffer a stroke because they are not assessed and therefore do not receive appropriate treatment following their TIA in a timely manner.</i> The risk descriptor stated that an improvement had been reported in the TIA pathway yet VG Chandrasekar believed this particular risk had in fact deteriorated. He advised that BCCG's Chief Nurse and Commissioning Manager were planning to hold a meeting with the Stroke Consultant to discuss how the deterioration had occurred and what BTH were doing to address the problem, the outcome report is awaited. VG Chandrasekar said he would recommend the risk score be increased. C Lewis agreed to action accordingly.</p> <p>The Committee approved the report but noted the concerns raised by VG Chandrasekar regarding stroke and TIAs.</p>
6.5	<p>Emergency Preparedness Resilience and Response (EPRR) Annual Assurance report</p> <p>N Medway brought the Committee's attention to the review of EPRR activity throughout 2017-18, of particular note was the arrangements that had been put in place with Fylde Coast Medical Services (FCMS) in relation to the Avian Flu outbreaks and the four on-call manager training sessions that had been held throughout the year.</p> <p>N Medway advised there was a requirement for CCGs to declare a level of compliance for themselves and providers to NHS England; he advised that Blackpool and Fylde and Wyre CCGs had declared a 'substantial awareness' work plan was in place and BTH had declared a 'partial assurance' work plan was in place. It was noted that as part of the national EPRR assurance process NHSE Regions are required to carry out an EPRR Assurance Strategic visit at one Trust within their region; BTH had been selected for 2018-19 and a potential date for the visit would be 5 November 2018 (to be confirmed).</p> <p>The Committee received and approved the EPRR Annual Assurance report.</p>
6.6	<p>Equality Diversity System (EDS) Grading outcome and evidence</p>

	The EDS grading event, as alluded to by K Toole in minute 4.1, was shared with the Committee for information only. A detailed report would be presented to QIG & EC at the December meeting.
7	Clinical Effectiveness
7.1	<p>Quality</p> <p>7.1.1 Quality Report I Bashall presented a highlighted version of the report which included the following:</p> <p>Mixed Sex Accommodation Breaches: BTH no breaches; LTH 40 breaches; MBFT 24 breaches. Nine breaches affected Fylde and Wyre patients all occurring at LTH.</p> <p>Friends and Family Test: recording % of “would recommend” at BTH is higher than the national average, with exception of Maternity (birth) and in-patients.</p> <p>Incidence of Healthcare Associated Infection: CDI - Nine new cases affecting Fylde and Wyre patients, four Trust apportioned and five reported by Community Services. MRSA: No cases were reported in relation to Fylde and Wyre patients.</p> <p>Never Events: No Never Events reported at BTH; one reported at LTH.</p> <p>Serious Incidents: Three new Serious Incidents reported in August relating to Fylde and Wyre patients (one at BTH and two at LTH).</p> <p>Trolley Waits in A&E Not Longer than 12 Hours: BTH 34 breaches, with no patient harm noted by the BTH Quality Review Group. Issue of Mental Health bed availability is a major issue and NHSE, BTH, CCG and LCFT representatives are in daily communication to manage the situation.</p> <p>18 Week Referral to Treatment: (Incomplete): Currently BTH 79.7% and LTH 79.5%, both Trusts have failed to achieve overall 92% target since April 2017. Spire Fylde Coast Hospital did not achieve overall 92% target in July or August 2018. Current overall performance is 86.1%.</p> <p>7.1.2 Maternity Dashboard The maternity dashboard was received and noted.</p>
7.2	<p>Medicines Optimisation Nil to report to the October meeting.</p>
7.3	<p>Serious Incident Policy (expiry July 2018) S McVicker explained that the current Serious Incident Policy expired at the end of July 2018; she asked the Committee to consider and approve the proposal to extend the expiry date of the current policy as a temporary measure until such time as an Integrated Care Partnership was introduced. It was noted that the current policy had been modified to include Blackpool CCG data. The Committee agreed the policy for submission to Governing Body for ratification.</p>
7.4	<p>Update on the quality review visits S McVicker reported that the CCGs first quality review visit to BTH Mental Health Decision Unit and Pathway (due to take place in November) had been postponed due to the fact that a beneficial exercise had been commissioned with the support of Northumberland NHSFT. K Greenwood commented that she was hopeful that a full review, in conjunction with the ICP, would provide a good outcome.</p> <p>Tier 2 Dermatology Service would be the next quality review visit in January 2019.</p> <p>C Lewis referred to previous concerns of the Committee following feedback from the Trust that they were not wholly enthusiastic about the CCGs undertaking quality review visits. She advised that it was the intention of both CCGs to escalate the negative response to BTH's Director of Nursing. However, it was</p>

	<p>felt that the recent inception of the Quality Improvement Board would deliver Key Performance Indicators (KPIs) and that quality visits by the CCGs would support evidence for KPIs. L Anderson-Hadley confirmed that a workplan in respect of the Improvement Board visits was in the process of being compiled.</p> <p>K Greenwood mentioned that both announced and unannounced quality visits take place at Lancashire Teaching Hospitals Trust (LTH) and were received positively by LTH. Following on from K Greenwood's comments, S Thompson added that she had knowledge of LTH quality visits initiated by Preston CCG and that initially there had been an element of mistrust but over the years this had developed into a more positive relationship. C Lewis said it would be helpful to be able cite how other organisations are working and the Chair asked S McVicker to provide him with a short report so he could raise and discuss at a future Board meeting.</p> <p>It was noted that BTH had invited the CCGs to participate in their Executive walkarounds, the CCGs had responded asking if they were to join such walkarounds would BTH prioritise areas of concern; BTH had wished to continue with their planned programme.</p>
7.5	<p>Update on the last QSG meeting A verbal update from the last meeting was provided by L Anderson-Hadley.</p>
8	Items for referral to other Committees/Groups
8.1	<p>Items to be noted from or escalated to Quality Surveillance Group None.</p>
8.2	<p>Items to be referred to the Audit Committee None.</p>
9	Minutes of other meetings
9.1	<p>Key issues and outcomes from sub group minutes</p> <p>9.1.1 Patient and Public Engagement Group The cover sheets from the meetings held in September and October 2018 were noted.</p> <p>9.1.2 Assurance Group The cover sheet from the meeting held in September 2018 was noted.</p> <p>9.1.3 Contract Performance and Quality Group The cover sheets from the meetings held in August and September 2018 were noted.</p> <p>9.1.4 Medicines Sub Group The cover sheet from meeting held in September 2018 was noted.</p> <p>9.1.5 Safeguarding Assurance Group The cover sheet from meeting held in October 2018 was noted.</p> <p>9.1.6 Trust Quality Review Group The cover sheet from the meeting held in July 2018 was noted.</p>
10	<p>Any Other Business</p> <p>10.1 C Lewis informed the Committee of a quality concern which had come to the CCG's attention</p>

	<p>over the last couple of weeks regarding an adult with learning disabilities who had been a mental health admission initially to The Harbour. The CCG commissioned a bed in an independent hospital to meet the person's therapeutic needs, however, a quality and safeguarding concern arose following an unexplained injury at the independent hospital. The CCG notified CQC and NHS England Learning Disabilities (LD) and quality colleagues. It transpires there are wider quality concerns regarding this provider. The CCG had asked LCFT to consider repatriation to one of their beds but, given the bed pressures, this was declined. Commissioning work for a suitable supported living placement had already been underway, to enable safe discharge, and this was currently continuing.</p> <p>C Lewis and K Greenwood had also identified several other cases in FW CCG a) where there was a lack of availability of specialist LD psychiatry when someone was in an escalated mental health/behavioural presentation and b) where the lack of escalation/step up beds resulted in a full admission under the Mental Health Act. The Lancashire and South Cumbria commissioning strategy for the closure of specialist LD inpatient beds, which was escalated following the Winterbourne View findings, is of concern. It was felt appropriate that the Clinical Commissioning Committee receive an update on LD commissioning and timescales.</p> <p>10.2 Informal discussion was held in relation to future Joint CCGs Quality meetings, however it was agreed to await the outcome of the review currently being undertaken as referred to in minute 6.3 above.</p>
11	<p>Date of next meeting Tuesday 18 December 2018, commencing at 9.30 am in the Boardroom at Wesham.</p>