



**GOVERNING BODY MEETING ON
TUESDAY 20 MARCH 2018**

MINUTES TO BE RECEIVED

Title of Meeting	Quality Improvement, Governance and Engagement Committee
Date of Meeting	19 December 2017
Status (ratified/draft)	Ratified
CCG Representatives	As noted in the minutes

Summary of key issues discussed:

Presentation received on **Blackpool Teaching Hospital's Quality Accounts 2016-17**. Plans for future Year 2 Quality Strategy 2016-19 were shared.

Quality performance exceptions and highlights for month 7 were presented and included:

- Mixed Sex Accommodation (MSA) breaches
- Cancelled Operations
- Incidents of HCAI
- Trolley waits in A&E no longer than 12 hours

PPE sub-group update (exceptions and highlights): K Toole was to submit any comments on the updated Cosmetic Policy to the CSU for consideration before finalising the policy.

Public Pledges report: to be updated prior to submission to Governing Body and uploaded to the CCG's website once approved.

An update on **BTHFT Mortality** was provided.

Safeguarding update (exceptions and highlights): LCC Adult Social Care Policy and Procedure for Managing Service provider Quality and Performance in commissioned services was being updated. Timescale for completion of a review extended to March 2018. The STP regulated care sector workstream for the CCG was to continue to use the existing policy under the multi-agency RADAR process until the revised policy was complete.

Issues requiring action:

Details:	By whom:	Timescale:
No issues requiring Governing Body attention.		

Recommendation

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

Ms Claire Lewis

Acting Executive for Governance, Patient Safety and Risk

QUALITY IMPROVEMENT, GOVERNANCE AND ENGAGEMENT COMMITTEE
TUESDAY 19 DECEMBER 2017, BOARDROOM, WESHAM, 9.30 AM TO 12.00 PM

Present:

I Stewart	Secondary Care Doctor (Chair)
C Lewis	Acting Executive for Governance, Patient Safety and Risk
V G Chandrasekar	GP and Elected Clinical Lead <i>(for part of the meeting)</i>
K Greenwood	GP and Elected Clinical Lead
A Janjua	GP and Elected Clinical Lead
B McKeowen	Transformation and Planning Manager <i>(on behalf of P Tinson, Item 5.3 onwards)</i>
J Panesar	GP and Elected Clinical Lead
K Toole	Lay member for Patient and Public Engagement

In Attendance:

M Britton	Communications Manager
A Daniels	Quality and Performance Specialist MLCSU
F O'Donoghue	Adult Safeguarding Leads <i>(for item 6.2 only)</i>
S McVicker	Quality and Performance Manager MLCSU

Dr V G Chandrasekar arrived for the meeting at 9.30 am but had to excuse himself from the meeting at 9.40 am as he had been called to deputise at another meeting.

Prior to the business agenda commencing, Simone Anderton, Deputy Director of Nursing and Quality, BTHNHSFT, was welcomed to the meeting to present Blackpool Teaching Hospital's Quality Accounts.

The presentation included the Trust's priorities for improvement for 2016-17, together with examples of achievements. Highlights of achievements included 96% of patients in 2016-17 were likely to recommend the Trust to a family or friend, a 56% reduction in Clostridium difficile (C.Diff), 70.83% reduction in failure to rescue, 98.2% of patients received harm free care and the Trust were in the top 25% of Trusts whose staff had received an appraisal. Plans for the future (Year 2 Quality Strategy 2016-2019) was shared with the Committee with the 'theme' being 'IT'S how we care': Care is **I**NFORMED, Care is **T**IMELY and Care is **S**AFE; an explanation of each of the topics was provided in the presentation. A number of questions were asked, including:

- Q1 Although there is an impressive response to the FFT survey, certain areas within the hospital do not appear to collect information as rigorously as others; what is being done to improve in such areas?
- A *The Trust recognised there were ongoing challenges in terms of collection of data, especially in community services, A&E and midwifery. National guidance stipulates the data should be collected upon discharge; as a percentage of patients are moved from A&E onto a ward (where the form will be completed when the patient is discharged from the ward), and within the community patients are sometimes receiving treatment from various services it proves difficult for those two areas in particular to collate the data. Work continues within the Trust to improve on figures.*
- Q2 The 'failure to rescue' figures were encouraging; S Anderton was asked what her thoughts were on why this positive achievement has not had an impact on the mortality figures.
- A *The Trust felt the positive achievement had impacted on mortality and a lot of work with CQC had been undertaken which had resulted in a positive reflection in relation to mortality work. It was anticipated that the next two quarter mortality results would be more positive.*
- Q3 The question was asked who attended the regular Quality Review Board meetings.

A S Anderton confirmed that the Trust's Mortality Lead, Contract Manager and Quality Manager attended the meetings, along with either herself or the Director of Nursing.

Q4 When is the CQC report expected and were there any early findings shared with the Trust?

A The CQC had articulated that the inspection had been good, but the report was not due for at least twelve weeks.

S Anderton was thanked for her presentation which had been well received.

BUSINESS AGENDA from 9.50 am

1	Introduction
1.1	Apologies for Absence: Apologies for absence were received from P Tinson, A Bate and K Galloway.
1.2	Declarations of Interest - None.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of last meeting – 28 November 2017 The minutes of the meeting held on 28 November 2017 were approved as a correct record following minor amends Page 4/Minute 6.1/Para 2/last sentence: amend to read: <i>A first draft would be shared with QIG & EC and would also be submitted to the Mortality Committee</i> Page 3/Minute 4.3/Para2/line 2: Amend the figure of £49 to read £49k. 2.1.1 Table of Attendance 2017-18 - Noted.
2.2	Matters arising from minutes of last meeting – 28 November 2017 None.
2.3	Action Sheet from meeting held on 28 November 2017 1 J Panesar to raise action at the Medicines Group meeting scheduled to take place on the afternoon of 19 December. Action to remain and for an update to be provided at the February 2018 meeting. 2 In A Bate's absence M Britton was asked to circulate details. Action to remain and for confirmation of action to be provided at the February 2018 meeting. 3 Complete, remove from action sheet. 4 T Riddick not at the December meeting to provide an update; action to remain for a response to be provided at the February 2018 meeting.
3	Clinical Effectiveness
3.1	Quality report A Daniels read through a slide detailing exceptions and highlights for Month 7, of note was the following: Mixed Sex Accommodation Breaches: BTH reported one MSA breach during October 2017 which affected a Fylde and Wyre patient. LTH reported 13 MSA breaches, bringing the total year to date to 31 (none of these breaches related to Fylde and Wyre patients). Discussion ensued on MSA breaches and the general consensus was that although breaches were highlighted there was minimal, if any, harm to patients. It was noted that MSA breaches was a national measure and therefore had to be reported.

	<p>Cancelled Operations: BTH reported six breaches, LTH reported 26.</p> <p>Incidents of HCAI: Two new cases of CDI were reported for Fylde and Wyre patients, both of which were attributed to BTH, PIR outcomes were awaited. No MRSA cases had been reported for Fylde and Wyre patients during October, however, two cases of MRSA bloodstream infection were reported during November and provisionally assigned to Fylde and Wyre CCG. At the PIR Panel meeting on 12 December the assignment of one of these cases was accepted, the other was referred to NHSE for arbitration.</p> <p>Trolley waits in A&E not longer than 12 hours: One breach noted at BTH in October 2017 (the first since April); this breach had been initially StEIS reported as a long stay of a mental health (Fylde and Wyre) patient. Notification had been received regarding 13 breaches at the Trust during November 2017, eight of which affected Fylde and Wyre patients. Timeline documents had been received in relation to all breaches with no patient harm identified.</p> <p>The 12 hour breaches in relation to trolley waits prompted further discussion, particularly around mental health patients. It was noted that improved facilities had been provided for such patients at Blackpool's Victoria Hospital which should alleviate these patients having to wait in A&E.</p> <p>Also discussed at this point in the meeting was LTH's policy around cancelled operations; a question was raised as to whether cancelled operations were part of LTH's patient flow plan. C Lewis advised that such cancellations would affect LTH's finance flow as well as patient flow; it was agreed that data in relation to LTH's trolley breaches would be reported in the next Quality Report. It was noted that all elective surgery at LTH was to be cancelled from 18 December 2017 until 14 January 2018.</p> <p>The Practice Group: An update in relation to the formal contract management process re The Practice Group had been provided in the Quality Report.</p> <p>Dermatology: Discussion ensued on the Quality Review and C Lewis mentioned that the CCG would be seeking assurance of the competency of clinicians together with an assessment of the pathway and process in relation to the service spec.</p> <p>Maternity Dashboard: The dashboard was received by the Committee. Of particular note was Perineal trauma – 3rd or 4th degree tears which had previously been highlighted as an outlier and which was now RAG rated Green, indicating improvements since the outlier position.</p>
3.2	<p>Medicines Optimisation Nil to report this month.</p>
3.3	<p>Stroke Review Update Due to unforeseen circumstances, V Crumbleholme, Commissioning Manager, was unable to attend in person to present the stroke review update. The Chair and K Toole reviewed the presentation following conclusion of the meeting and a post meeting decision was taken to circulate the presentation (with a cover sheet narrative) to all members of the Committee.</p>
3.4	<p>Receive the minutes of the QSG The minutes of the QSG meeting held on 21 September were received and noted by the Committee. C Lewis confirmed that ordinarily attendance at this meeting was herself and the Chief Nurse from Blackpool CCG. It was agreed that the minutes were of interest to the Committee and would therefore continue to be shared going forward.</p>
4	<p>Corporate Governance</p>
4.1	<p>EIRA Nil to report this month.</p>

5	Public and Patient Engagement
5.1	<p>Sub-group update (exceptions and highlights) K Toole reported that the annual Chair's reception had taken place on 14 December; members of the PPE Group, PPG Chairs and Influence Panel had attended the reception, as well as the CCG's Chair, M Dowling. K Toole also referred to the CSU's recent proposed changes to the Cosmetic Policy, a copy of which had been submitted to the November PPE Group meeting and advised that one of the key changes within the policy was to move away from procedures that were purely aesthetic, the proposed updated policy stipulated that all future procedures would require clinical rationale. K Toole had requested the proposal be reviewed to take into account psychological impact. K Greenwood and A Janjua raised concerns about the proposed change and it was agreed that K Toole and K Greenwood would further discuss outside of the meeting and that K Toole would submit any comments to CSU for consideration before finalising the policy.</p> <p>5.2 Public Pledges report A copy of the Public Pledges Report for April 2017 to November 2017 was received by the Committee. The report evidenced the CCG's performance against pledges and provided specific examples from the wide range of work the CCG had undertaken during 2016-17. A number of minor amends were recommended and M Britton agreed to update the report accordingly prior to submission to Governing Body. (The report would be uploaded onto the CCG's website once approved by Governing Body.)</p> <p><i>B McKeowen joined the meeting at this point.</i></p> <p>5.2 Healthwatch report In K Galloway 's absence, the written report submitted to the Committee was received and noted by Committee members.</p>
6	Patient Safety
6.1	<p>BTHFT Mortality Report C Lewis provided a verbal update; she advised that the next Mortality Committee meeting was due to be held on Friday 22 December. C Lewis referred to her November mortality report to QIG & EC, and in particular the AQuA mortality event. She advised that Dr I Stewart would be attending the NED/Lay Persons Mortality event on 12 January 2018. Further to her suggestion at the November meeting to speak to EMT re inviting the speaker/ presenter of this event to the Fylde Coast to share views as a health economy issue, such discussion had taken place and the Clinical Chief Officer had indicated that the newly formed Clinical Senate may host such an event, however, as the Clinical Senate were still agreeing priorities this was something that would be addressed at a later date.</p>
6.2	<p>Safeguarding update (exceptions and highlights) <i>F O'Donoghue joined the meeting at this point</i></p> <p>F O'Donoghue commented that there were no issues to raise by exception this month, however, there was one quality issue relating to Safeguarding; she commented that in March 2017 the Chief Nurse, J Aldridge, had advised the Committee that the LCC Adult Social Care Policy and Procedure for Managing Service provider Quality and Performance in commissioned services was being updated with a timescale for completion of November 2017.</p> <p>The policy supported the RADAR process for the nursing and residential care sector and the multi-agency offer of quality improvement programme support. The CCG had been advised the timescale for completion of the review had been extended until 31 March 2018. The request by the Chair of the STP regulated care sector workstream for the CCG to continue to use the existing policy under the multi-agency RADAR process until the revised policy was complete was approved by the Committee. It was noted that the CCG was currently working with this policy through their involvement in the multi-agency RADAR process.</p> <p><i>F O'Donoghue left the meeting</i></p>

7	Primary Care Quality
7.1	Primary Care Quality Improvement and Governance Report (PCQIG) Nil to report this month.
8	Items for referral to other Committees/Groups
8.1	Items to be noted from or escalated to Quality Surveillance Group None.
8.2	Items to be referred to the Audit Committee None.
9	Minutes of other meetings
9.1	<p>Key issues and outcomes from sub group minutes The key issues and outcomes from the following sub groups were noted. A copy of the full set of minutes will be uploaded onto the intranet as soon they become available:</p> <p>9.1.1 Patient and Public Engagement Group Next submission due in February 2018.</p> <p>9.1.2 Assurance Group The cover sheet from the meeting held on 8 November 2017 was noted.</p> <p>9.1.3 Contract Performance & Quality Group The cover sheet from the meeting held on 13 October 2017 was noted. The Chair asked for additional information and assurance in relation to the paragraph relating to 'Update on Antibiotic Usage'.... (<i>The Manse Nursing Home had been reporting large numbers of service users being prescribed antibiotics. This was raised with Fylde and Wyre CCG's Medicines Management Team, who have spoken with the surgery involved and shared their findings with the practice for their thoughts – thus far no detail is available as to what the findings were.</i>) S McVicker agreed to obtain further information and report back. <i>Post meeting response: This came from the CPQ meeting in October 2017. It was within a report provided, (but not presented), by Louise Wilkinson - Quality and Performance Specialist (Clinical) at the CSU Hub and related to Ash Tree practice; an audit was undertaken and no inappropriate antibiotic use was identified.</i></p> <p>9.1.4 Medicines Group Next submission due in February 2018.</p> <p>9.1.5 Safeguarding Assurance Group Next submission due in February 2018.</p> <p>9.1.6 Primary Care Quality Improvement Group Next submission due in February 2018.</p> <p>9.1.7 BTH Contract Quality Review Group Next submission due in February 2018.</p>

<p>10</p>	<p>Any Other Business</p> <p>10.1.1 QIG & EC Workplan for 2018 The proposed bi-monthly meeting workplan for 2018 was considered and agreed by the Committee. The Chair asked that the dates for submission of reports be reviewed by individuals and for any anomalies to be submitted to J Pennington by 22 December 2017. It was noted that the month of February was densely populated, especially with annual reports, and it was noted that a decision would be made whether to defer some of the reporting dates to a later meeting. The Chair commented that he would continue to meet on a monthly basis with the Acting Executive for Governance, Patient Safety and Risk to review the Quality Report; it was noted that there may be a necessity to call an extra-ordinary meeting from time to time.</p> <p>10.1.2 Andrew Daniels It was noted that A Daniels would be on secondment for a one year period commencing January 2018. He would be working with East Lancs CCG and Blackburn with Darwen CCG in order to gain additional experience in a range of different contracts. Best wishes were conveyed to Andrew from the Committee and they wished him well in his secondment.</p>
<p>11</p>	<p>Date of next meeting Tuesday 27 February 2018 commencing at 9.30am, Boardroom, Wesham</p>