

GOVERNING BODIES IN COMMON - TUESDAY 3 MARCH 2020**MINUTES TO BE RECEIVED**

Title of Meeting	FWCCG and BCCG Quality Improvement and Engagement Committee
Date of Meeting	11 February 2020 (draft)
Status (ratified/draft)	Unratified
CCG Representatives	See minutes

Summary of key issues discussed:

- Trevor Morris (Integrated Pathways Project Manager, Fylde Coast, & Clinical Pathways Manager, BTH) and Adam Janjua (GP and Chair of Fylde and Wyre CCG) were in attendance to present an update on the Fylde Coast Clinical Senate and Clinical Pathways Group. An overview of the purpose of the Senate, together with an outline of the Clinical Leadership Governance was shared with the Committee. A summary of activity between 2018 to 2020 was presented as was a summary of the work undertaken by the Fylde Coast Clinical Pathways Group (CPG). A Q&A session was held following the presentation (see minutes).

During the presentation B Goodman (BG) indicated that across the system there was potential for some overlap on assigned priorities and programmes of work. BG acknowledged that the presentation given in the meeting clearly linked to the strategic priorities from the ICP draft strategy, however only some of these related to the work being undertaken in the ICP transformation programmes and within the Right Care programme and similarly the work which has commenced at an ICS level, citing the ICS work on Ophthalmology and Dermatology. It was recognised that there was only limited clinical and commissioning resource available and that this may present a risk to delivery of schemes within both the ICP and ICS. Other individuals also recognised this to be a potential issue.
- Following minor amends, the Governing Body Assurance Framework was agreed for submission to Governing Body for ratification.
- The Equity and Choice Policy (Fylde and Wyre CCG decision only) was approved by the Committee for submission to Governing Body for ratification.
- The Quality and Safety Performance report highlighting achievements and concerns was received by the Committee.
- The Safeguarding bi-monthly dashboard was received by the Committee.
- The Liberty Protection Safeguards (LPS) briefing and options paper (Fylde and Wyre CCG) was considered by the Committee and approved the LPS risk assessment for entry onto the Corporate Risk Register.
- The Primary Care Quality Governance update was presented to the Committee; emphasis was on the current re-branding of the Fylde Coast Extended Access service due to the low levels of utilisation of the service. Likewise, the Public and Patient Engagement Involvement (PPEI) bi-monthly update also emphasised the focus of the Comms & Engagement Team on the Fylde Coast Extended Access service.
- The Blackpool CCG complaints report Q2 and the Serious Incident report Q3 were received and noted by the Committee.

- A Marquis-Carr informed the Committee of her decision to retire from the position of Head of Safeguarding on 31 March 2020, following 41 years of service to the NHS, seven years of which had been spent with Fylde and Wyre CCG. Alice thanked everyone for their support and guidance over the past seven years. On behalf of the Quality Improvement and Engagement Committee, I Stewart thanked Alice for her hard work and commitment and on a personal note commented that he was always impressed by the work demonstrated by Alice and her Safeguarding Team. He thanked her for the detailed reports that had been regularly submitted to the QI & EC and for the Team's national recognition award. The Committee wished Alice well in her retirement.

Issues requiring action:

Details:	By whom:	Timescale:
1) Governing Body to receive the Governing Body Assurance Framework.	C Lewis	3 March 2020 – on agenda
2) Governing Body to ratify the Equity and Choice Policy	C Lewis	3 March 2020 – on agenda

Recommendation

The Governing Bodies are asked to review and note the contents of the minutes.

Dr Ian Stewart
Secondary Care Doctor

**QUALITY IMPROVEMENT AND ENGAGEMENT COMMITTEE
TUESDAY 11 FEBRUARY 2020, DERBY ROOM, BLACKPOOL STADIUM**

Present:

I Stewart	Secondary Care Doctor (Chair)
C Brown	Lay member/Vice Chair
B Butler-Reid	Clinical Director (on behalf of N Hartley-Smith)
B Goodman	Deputy Director of Commissioning (on behalf of D Bonson)
C Lewis	Acting Executive for Governance, Patient Safety and Risk
M Martin	GP member
J Panesar	GP member
S Singh	GP member
K Toole	Lay member

In Attendance:

V Green	Quality and Performance Manager
J Grime	Quality and Performance Specialist
F O'Donoghue	Designated Nurse Safeguarding Adults and MCA Lead
A Marquis-Carr	Head of Safeguarding
S Squires	Transformation and Planning Manager
J Pennington	Executive Assistant/minute-taker

Trevor Morris (Integrated Pathways Project Manager, Fylde Coast, & Clinical Pathways Manager, BTH) and Adam Janjua (GP and Chair of Fylde and Wyre CCG) were in attendance to present an update on the Fylde Coast Clinical Senate and Clinical Pathways Group. An overview of the purpose of the Senate, together with an outline of the Clinical Leadership Governance was shared with the Committee. A summary of activity between 2018 to 2020 was presented as was a summary of the work undertaken by the Fylde Coast Clinical Pathways Group (CPG). The Pathway priority list and current status was noted, with additional information on the acute Sepsis pathway being shared. It was noted that the Senate Group would eventually be changed to become a Fylde Coast Clinical Executive Committee, the membership of which would be made up of senior clinicians who would develop the clinical strategy and agree clinical priorities and models of care for the Fylde Coast. Under this Committee would be a Fylde Coast Clinical Reference Group, this forum would be made up of health care professionals who would develop ideas and discuss collective challenges that were self-generated or identified by other parts of the ICP.

Following the presentation a questions and answers session was held; a selection of questions asked was as follows:

- Q1 The presentation appeared to focus on the ICP link, how are you linking in to other similar bodies across the ICP to obtain ideas?
- A1 *There is a Comms & Engagement representative on the Senate but nothing has been shared with other CCGs at the present time; this is work in progress.*
- Q2 Safeguarding is integral to the Pathways, could consideration be given to safeguarding connecting with the Pathways at an early stage as opposed to later.
- A2 *A very valid point which will be taken on board.*
- Q3 There is significant inter-connection between the clinically led work programmes, therefore it is important to know who will be leading on what programme.
- A3 *The work has not yet been allocated to Clinical Leads, this will be agreed in the near future.*

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- Q4 COPD appears as a principal pathway on the list of priorities, what is the timescale for COPD to be delivering an improved pathway?
 A4 *There is currently no set date, however, the current Chair of the Clinical Pathways Group is pushing for respiratory to be the focus for change over the next six months.*
- Q5 Is there any Pharmaceutical representation on the Senate?
 A5 *Currently no, however, the membership of the Fylde Coast Clinical Executive Committee has not yet been decided but the suggestion of having pharmaceutical representation will be taken on board.*
- Q6 The priorities of the CCGs pathways work differs from the Senate's and, unfortunately, the CCG does not have sufficient resource to do everything. Both CCG and the Senate need to align priorities.
 A6 *This is something that requires further discussion. (B Goodman and T Morris agreed to meet to discuss.)*

T Morris and A Janjua were thanked for their presentation and congratulated for the work that had been undertaken by the Senate and the Clinical Pathway Group thus far. Those in attendance were asked to send any further questions directly to T Morris and/or A Janjua.

T Morris and A Janjua left the meeting at this point.

1	Introduction
1.1	Apologies for Absence: Apologies for absence were received from D Bonson, L Rudnick., N Hartley-Smith and J Harrop.
1.2	Declarations of Interest None.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of Fylde Coast CCG last meeting – 10 December 2019 The minutes of the meeting held on 10 December 2019 were approved as a correct record. 2.1.1 Table of Attendance 2019-20 Noted.
2.2	Matters arising from minutes of last meeting – 10 December 2019 Page 3/Minute 3.4/Mersey Internal Audit (MIAA) of Safeguarding Report The update report, which provided outstanding audit actions and progress that had been initiated against the MIAA safeguarding recommendations, was received and noted by the Committee. It was suggested and agreed that in order to provide assurance, the final update on the action plan would be resubmitted to QI & EC in April 2020.
2.3	Action sheet from the meeting held on 12 November 2018 All actions were noted and the action sheet updated accordingly: 1 Complete. 2 Agenda item (see Minute 2.2 above). 3 Discussion held with Dr Morgan, to be followed up with J Gardner, however, it remains difficult to produce the mortality report due to data not being available in a timely manner. On-going. 4 On-going 5 Complete. 6 Complete.

	<p>7 Complete.</p> <p>8.1 Monthly walk-around visits now being held weekly; awaiting receipt of the timetable for 2020-21 before asking the question whether a CCG Lay Member could join future visits.</p> <p>8.2 Complete.</p> <p>9.1 Complete.</p> <p>9.2 Complete.</p> <p>9.3 Complete.</p> <p>10 Complete.</p>
3	Corporate Governance
3.1	<p>ICP Development</p> <p>B Goodman advised that the Healthier Fylde Coast Draft Strategy for 2020-2025 had been presented to various organisations and internal forums, however, a national directive had been issued to defer engagement until further notice. The case for change for a single CCG from 2021 remains ongoing.</p>
3.2	<p>QIA/EIRA</p> <p>3.2.1 QIA: Individual Patient Activity (IPA) QIPP Task & Finish Group for the Fylde Coast</p> <p>3.2.2 EIRA: Individual Patient Activity (IPA) QIPP Task & Finish Group for the Fylde Coast</p> <p>C Lewis reminded the Committee that there was a statutory requirement for QIAs and EIRAs to be received by the QI & E Committee and the papers presented to the Committee were the first in a suite of documents that were to be expected in relation to the QIPP Task and Finish Group. In response to a question, C Lewis confirmed that the views of the Committee would be invited once risks had been identified within the documentation. C Lewis requested that any comments be directed to her in the first instance.</p>
3.3	<p>Governing Body Assurance Framework</p> <p>C Lewis presented the report; as no comments or questions were raised, C Lewis reminded the Committee that any comments or anticipated issues relating to the Risk Register should be directed to her as soon as possible as the report would be submitted to the March Governing Body for ratification. A correction to the title of the Quality Improvement and Engagement Committee was requested. J Pennington to notify N Medway and D Bamber prior to Governing Body receiving the report.</p>
3.4	<p>Equity and Choice Policy (Fylde and Wyre CCG decision only)</p> <p>C Lewis provided background information in relation to the Policy advising that the Policy had been developed by the Lancashire Policy Group and amended following a legal challenge. It was noted that all other Lancashire CCGs had adopted the Policy, although Blackpool CCG had made a local variation that had been adopted in 2019. The reason for the local variation was that Blackpool CCG provides an in-house CHC team as opposed to commissioning the service (as per Fylde and Wyre CCG). The request of the Committee was to approve the Policy on behalf of Fylde and Wyre CCG. Discussion took place on possible local challenges around inequity of the two CCGs, however, it was noted that no patient would be put at risk. The Committee approved the Policy and agreed for it to be submitted to the Governing Bodies for ratification.</p>
4	Clinical Effectiveness
4.1	<p>Quality and Safety Performance report</p> <p>J Grime presented the monthly report, areas of achievement and concerns were as follows:</p> <ul style="list-style-type: none"> ● BTH 12-month rolling SHMI rate (Sept 2018 – Aug 2019) fell into the 'as expected' banding. ● BTH achieved its Sepsis 40% pathway target in November 2019. ● No MRSA incidents reported in November 2019 for the Fylde Coast CCGs; one reported in January for a Blackpool patient. ● The Fylde Coast CCGs have not achieved the IAPT access target of 1.58% in November 2019; performance deteriorated to 1.33% for Fylde and Wyre CCG in November 2019 from 1.37% in October.

Blackpool CCG performance deteriorated to 1.15% in November from 1.61% in October 2019. The reason for the deterioration is due to staffing vacancies.

- The Fylde Coast had three Never Events reported in December 2019 and January 2020.
 - Fylde and Wyre CCG IAPT recovery performance improved in November 2019 to 48.44% from 46% in October 2019.
 - Seventeen mixed sex accommodation breaches at Lancashire Teaching Hospitals across the Fylde Coast CCGs were reported in November 2019, seven of which were Blackpool CCG patients and nine Fylde and Wyre patients. Nil breaches at Blackpool Teaching Hospitals. All breaches were due to a lack of step-down beds being available for patients from critical care.
 - In January 2020 there were 29 breaches of the 12-hour standard; 19 related to patients with a mental health condition and 10 to patients with a medical condition.
 - BTH did not achieve its Transient Ischemic Attack (TIA) target of 60% in November 2019 and has not done so for the last five months. The TIA clinic is now operating a seven day service which, at weekends, is through the Ambulatory Care bed located on the Stroke Unit.
- It was noted that a TIA review was ongoing and further factual information would be presented to the March QI & EC meeting.
- BTH has been issued with four Coroner's Regulations Requests in 2019/2020.

Discussion ensued on 12 hour A&E breaches and the question was asked whether all cases were investigated to ascertain whether any harm had occurred. C Lewis advised that each individual case was reviewed if they were admitted and then continued to be monitored as an in-patient. She confirmed that processes in place were adhering to national guidance. The Committee was advised that the majority of breaches occurred because of the lack of mental health beds as well as the lack of flow through the hospital.

4.2 Blackpool Teaching Hospitals System Improvement Board (SIB) update

4.2.1 Monthly Update

C Lewis advised that the SIB was currently challenged around the required quality improvements in the Trust and were reviewing how much of the Fylde Coast resource could be prioritised to deliver the required improvements. It was noted that the SIB reviews updates around the improvement plan that have been implemented by the Trust.

4.2.2 BTH Quality Improvement Plan

C Lewis presented Blackpool Teaching Hospitals CQC report following the inspection of core services at Blackpool Victoria Hospital, Clifton Hospital, Fleetwood Hospital and Community Adults and Children's Services 3 - 7 June 2019. The report identified the proposed actions to address the 32 'must dos' (non-negotiable) and 86 'should dos' in order to ensure sustainable improvement to care delivered across Blackpool Teaching Hospitals Trust. C Lewis also shared the Costed Improvement Plan which gave a flavour of how each of the key workstreams was being addressed.

In response to a question raised, C Lewis confirmed that the CCG was represented at various Trust Committee meetings, including the Quality Committee, Clinical Effectiveness Committee and Mortality Committee.

It was agreed that on behalf of the QI & EC a polite enquiry would be sent to the Accountable Officer of the Fylde Coast CCGs, who is the Chair of the SIB, asking for timescales on what improvements were being made and when such information could be made available to the QI & E Committee.

Further updates would be provided at future QI & EC meetings.

4.3	<p>Safeguarding</p> <p>4.3.1 Bi-monthly Dashboard</p> <p>A Marquis-Carr presented the bi-monthly dashboard highlighting that there were concerns around how the Safeguarding Adult Boards could be amalgamated, however, this was being addressed by the new interim Chair who was also reviewing the direction of the Boards. Also highlighted was the Sudden Unexpected Deaths in Childhood (SUDC); it was noted that there had been 26 unexpected child deaths across Lancashire and the report implied that co-sleeping and placing babies in unsafe sleep environments continued to be a contributory factor in a significant number of deaths. A great deal of communication and engagement was taking place within the community to highlight possible harm from co-sleeping.</p>
4.4	<p>Liberty Protection Safeguards (LPS) Briefing and Options – Fylde and Wyre CCG</p> <p>F O'Donoghue presented the paper explaining that it was important the Committee were cited on changes significant to Fylde and Wyre CCG which had resulted from the Mental Capacity (Amendment) Act 2019 which introduces the Liberty Protection Safeguards (LPS) scheme. It was noted that the paper also presented potential options towards preparation for the changes for Fylde and Wyre CCG. The Committee were advised that Blackpool CCG arrangements were not included in the paper. The Committee considered the paper and approved the LPS risk assessment for entry onto the Corporate Risk Register.</p> <p>F O'Donoghue agreed to share any other LPS reports with the Committee that is received ahead of the next QI & EC meeting.</p>
4.5	<p>Performance and Quality Improvement Oversight Group Update</p> <p>The Committee were informed that the third meeting had been cancelled as it was agreed the Terms of Reference needed to be reviewed. The next meeting date was yet to be confirmed.</p>
4.6	<p>Primary Care Quality Governance Update</p> <p>S Squires presented the paper that had been submitted by Emma Phillips, Primary Care Commissioning Manager. The paper provided an update on Primary Care Workforce, the Healthy Fylde Coast (HFC) Contracts and the Fylde Coast extended access service. It was noted that there were no new issues in relation to GP practices and that there was a lot of measures taking place around workforce.</p> <p>Brief discussion took place on the Fylde Coast extended access service and the low levels of utilisation of the service. A re-branding of the service was currently taking place. Reference was made to ex- employees of Fylde and Wyre CCG whose job it had been to visit GP practices to promote services and a question was asked who was currently carrying out these functions. C Lewis advised that one of the posts was still vacant and discussions were being held around what the CCGs needed to recruit to. The second post was that of a GP Governing Body member who held a role in recruitment, this particular post-holder had not been replaced.</p>
4.7	<p>HLSC Older Peoples Care Home Service Specification</p> <p>C Lewis advised that the Service Specification had been developed through engagement with relevant leads in the CCGs and Local Authorities in Lancashire and South Cumbria. The intention was to adopt the specification as part of the new Care Home Framework. The specification provided a greater level of detail and patient-focussed outcomes than the current specification and, by adopting it across Lancashire and South Cumbria there would be a higher level of consistency across the regulated care sector. The Committee offered approval of the framework with a caveat that there would not be any significant changes to the specification presented.</p>
5	<p>Public and Patient Engagement and Involvement</p>
5.1	<p>Public and Patient Engagement and Involvement (PPEI) bi-monthly update</p> <p>K Toole reported that the main focus was currently on the launch of the 8 til L8 (8.00 am until late) campaign to increase usage of the extended hours service. Engagement with staff, local authorities, voluntary and faith services, practice nurses etc was taking place in delivering the Fylde Coast ICP five year strategy.</p>

5.2	Blackpool CCG Complaints Report Q2 The report was received and noted.
5.3	Healthwatch Lancashire Enter and View Report: Morvern Care Centre, Thornton Cleveleys The report was received and noted.
6	Patient Safety
6.1	Serious Incident Report Q3 The report was received and noted. An error on page 2 was highlighted which indicated one StEIS for a Blackpool CCG patient when in fact it was a Fylde and Wyre CCG patient.
7	Minutes of other meetings
7.1	Key issues and outcomes from sub group minutes
7.1.1	Patient, Public Engagement and Involvement Forum The cover sheet for the minutes of the meeting held in January 2020 was noted.
7.1.2	Contract Performance and Quality Group No minutes available for submission.
7.1.3	Joint CCG Safeguarding Assurance Group The cover sheet for the minutes of the meeting held in January 2020 was noted.
7.1.4	Trust Quality Review Group The cover sheet for the minutes of the meeting held in November 2019 was noted.
7.2	Primary Care Commissioning and Quality Forum (NHS England) The recommendation that the minutes from meetings of the Primary Care Commissioning and Quality Forum would be presented to the Quality Improvement and Engagement Committee and the Primary Care Commissioning Committee was agreed. The minutes of the meeting held on 12 September 2019 were presented to the Committee and noted. <i>B Butler-Reid left the meeting.</i>
8	Items for referral to other Committees/Groups
8.1	Items to be noted from or escalated to Governing Bodies
1	Clinical Senate: it was felt the pathway work was disjointed and there was lack of co-ordination of work being undertaken by the Senate and by Commissioners. It was felt there needed to be a read-across of priorities system wide. B Goodman agreed to construct a short paragraph for raising at the next Governing Body.
2	Liberty Protection Safeguards report: the risks from the report were approved by the Committee to be added to the Governing Body Assurance Framework, the report should be submitted to Governing Body for formal approval.
3	Equity and Choice Policy (FW CCG only): the Policy was approved by the Committee for submission to Governing Body.
8.2	Items to be noted from or escalated to Quality Surveillance Group
1	Draft report for Never Events.
8.3	Items to be referred to the Audit Committee None.

8.4	<p>Items to be escalated to the Risk Register</p> <p>1 Liberty Protection Safeguards risks to be added to the Risk Register.</p>
9	<p>Any Other Business</p> <p>9.1 A Marquis-Carr informed the Committee of her decision to retire from the position of Head of Safeguarding on 31 March 2020, following 41 years of service to the NHS, seven years of which had been spent with Fylde and Wyre CCG. Alice thanked everyone for their support and guidance over the past seven years. On behalf of the Quality Improvement and Engagement Committee, I Stewart thanked Alice for her hard work and commitment and on a personal note commented that he was always impressed by the work demonstrated by Alice and her Safeguarding Team. He thanked her for the detailed reports that had been regularly submitted to the QI & EC and for the Team's national recognition award. The Committee wished Alice well in her retirement.</p>
10	<p>Dates of future meetings</p> <p>Tuesday 10 March 2020, 1.00 pm to 3.30 pm, Boardroom Blackpool Stadium Tuesday 14 April 2020, 1.00 pm to 3.30 pm, Boardroom Blackpool Stadium Tuesday 12 May 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 9 June 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 14 July 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 11 August 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 8 September 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 13 October 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 10 November 2020, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 9 February 2021, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium Tuesday 9 March 2021, 1.00 pm to 3.30 pm, Derby Room, Blackpool Stadium</p>