



GOVERNING BODY MEETING – TUESDAY 19 SEPTEMBER 2017

MINUTES TO BE RECEIVED

Title of Meeting	Quality Improvement, Governance and Engagement Committee
Date of Meeting	27 June 2017
Status (ratified/draft)	Final
CCG Representatives	As recorded in the minutes

Summary of key issues discussed:

Quality report and maternity dashboard: Exception and highlight reporting included reference to mixed-sex accommodation breaches, cancelled operations, incidences of healthcare associated infection, medication-related incidents, mortality, trolley waits in A&E longer than 12 hours, CQC inspection of Spire Fylde Coast Hospital and the maternity dashboard.

Medicines Optimisation: One proposal from the Medicines Sub Group to classify a drug as Black was noted and supported by the Committee.

GB Assurance Framework: The Committee noted 22 risks were currently held on the full Corporate Risk Register, three of which were high risk.

Complaints and Concern Policy: The Committee approved a minor amendment to the Policy which strengthened the complaints policy in relation to a potential safeguarding or Mental Capacity Act issues.

Public Pledges: Health navigators and the Pharmacy+ Clinic were highlighted.

Comms & Strategy Update: The Committee were informed what the CCG had undertaken in relation to a number of pieces of research with key stakeholder groups.

Mortality update: The Committee noted that a joint letter from both CCGs had been sent to the Chief Executive at BTH advising that the CCGs Governing Bodies were seeking a strengthening of assurance around mortality.

Safeguarding dashboard: Exception and highlight reporting included Children Looked After figures, Serious Case Reviews, Safeguarding Adult activity and Care Homes.

NHS Malware attack – 12 May 2017: An initial summary report of key findings was noted. A more comprehensive report would be shared with the Committee once finalised.



Joint CCGs Quality Assurance Review – clinical management of pressure ulcers in BTHNHSFT – District Nursing Service: The Committee noted that the review was carried out following receipt of a Regulation 28 letter from the Coroner, which had identified areas for clinical improvement in relation to the clinical management of pressure ulcers. A number of recommendations had emerged from the review, full details of which were available within the report. It was noted that a range of learning opportunities around pressure ulcers had been provided by the Trust post-review.

Sub Group minutes: Cover sheets from all sub groups reporting to QIG & EC were noted.

Area being used as the discharge lounge at BTH: It was brought to the Committee's attention that the X-ray waiting area at BTH was being used as a discharge lounge. The CCG's Quality and Performance Specialist had made a couple of visits and had received assurance from BTH's Assistant Director of Nursing that funding had been approved and plans were in place to develop/remodel a nearby area that would provide a purpose built, permanent solution to the current problems experienced by patients.

Issues requiring action:

Details:	By whom:	Timescale:
None		

Recommendation

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

Jennifer Aldridge
Chief Nursing Officer

Minutes of the Quality Improvement, Governance and Engagement Committee meeting held on Tuesday 27 June 2017 at FW CCG, Wesham

Present:

J Aldridge	Chief Nursing Officer (Chair)
VG Chandrasekar	GP and Elected Clinical Lead <i>(joined the meeting at 10.25 am)</i>
K Greenwood	GP and Elected Clinical Lead
A Janjua	GP and Elected Clinical Lead
I Stewart	Secondary Care Doctor <i>(joined the meeting at 11.00 am)</i>
K Toole	Lay member for Patient and Public Engagement

In Attendance:

A Daniels	Quality & Performance Specialist
J Lonsdale	Head of Medicines Optimisation
C Lewis	Head of Quality
B McKeowen	Transformation and Planning Manager
J Pennington	Executive Assistant/Minute taker

1	Introduction
1.1	Apologies for absence: Apologies for absence were received from: P Tinson, S Camplin, J Panesar, K Galloway, A Bate, N Medway, S McVicker and T Riddick.
1.2	Declarations of Interest No declarations of interest were made.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of last meeting – 30 May 2017 The minutes of the meeting held on 30 May 2017 were approved as a correct record. 2.1.1 Table of Attendance 2016-17 Noted.
2.2	Matters arising from minutes of last meeting – 30 May 2017 2.2.1 Social Care Workers update deferred to July 2017 meeting.
2.3	Action Sheet from meeting held on 25 April 2017 1 Action complete. Remove from list. 2 Deferred to July 2017 3 Action complete. Remove from list. 4 Deferred to July 2017. 5 Action complete. Remove from list. 6 Action deferred to July 2017 7 Action complete. Remove from list. 8 Action complete. Remove from list.

	<p>9 Action complete. Remove from list.</p> <p>10 Assurance received via VG Chandrasekar that monitoring was taking place. Remove from list.</p> <p>11 Action complete. Remove from list.</p> <p>12 Action complete. Remove from list.</p> <p>13 Action complete. Remove from list.</p>
3	Clinical Effectiveness
3.1	<p>Quality Report and Maternity Dashboard A Daniels advised that an introductory section, as per I Stewart's request at the May meeting, had been added to the report. All agreed that the inclusion of this section was very useful. Highlights within the report included:</p> <p>Mixed sex accommodation breaches: BTH reported x 1 breach during April 2017 which affected a Fylde and Wyre patient.</p> <p>Cancelled operations: the most recent national data had been previously reported; LTH reported 23 breaches of the 28-day standard in April 2017.</p> <p>Incidence of Healthcare Associated infection: 4 x cases of C Diff were reported in April 2017 in relation to Fylde and Wyre patients, 1 of which was attributed to University Hospital of South Manchester while the other 3 were community-acquired.</p> <p>Medication-related incidents: in April 2017 BTH reported low harm medication errors above trajectory; LTH reported 45 medication errors were recorded in April 2017, one of which was a moderate harm while 11 were reported as low harm events. C Lewis reported that a Quality Summit had recently taken place where the Trust provided a high level of assurance on actions taken to address CQC findings. It was also reported and noted that FW CCG had not received an invitation to the Quality Summit.</p> <p><i>Dr V G Chandrasekar joined the meeting at this point.</i></p> <p>Mortality: A Daniels advised a couple of mortality updates had been received since the agenda had been circulated. Firstly an updated version of the BTH Mortality Dashboard showed that in-month HSMR had fallen from the spike of 151 in January to 116 in February, and 107 in March, however the rolling 12 month HSMR remained relatively static, falling slightly from 115 to 113. SHMI in-month fell from the spike of 157 in January to 122 in February (both values were displayed as unvalidated). Rolling 12 month SHMI fell slightly from 118 in January to 117 in February. Mortality data for Lancashire Teaching Hospitals, for the same period, was awaited.</p> <p>Other highlights: <i>Trolley waits in A&E longer than 12 hours</i> – during April 2017 BTH reported five breaches, three of which affected Fylde and Wyre patients and two Blackpool patients.</p> <p>CQC Inspection of Spire Fylde Coast Hospital: the overall 'Requires Improvement' CQC rating for Spire Fylde Coast Hospital was shared with the Committee. Information within the reported provided how CQC had arrived at the ratings, and what Spire must and should do to improve. It was noted that at the last Contract Review meeting the provider had advised they had met with CQC to review progress. The CQC inspection outcome would remain on Contract Review meeting agendas until further notice in order that the CCG could analyse submissions and continue to monitor progress.</p> <p>Maternity Dashboard: an update relating to most recent figures was shared with the Committee. It was noted that apart from 'Inductions of Labour' being RAG rated RED, Peripartum hysterectomy was also RED rated; there were seven AMBER ratings. The updated figures would be circulated to Committee members.</p>

	<p>K Toole asked what the difference was between the use of the wording 'goals' and 'targets' within the report. It was noted that the word 'goal' related to the minimum standards as set by the Royal College of Nursing and therefore was accepted as 'ambition'; the word 'target' was a set figure against what was expected to be achieved.</p>
3.2	<p>BTH response to Maternity Outlier Alert for Elective Caesarean Section Rates In response to the CQC outlier alert for elective Caesarean section received by BTH a detailed review had been undertaken for women having a caesarean section between January and September 2016. The case note audit demonstrated the main contributory factor, in 70% of cases, was previous caesarean section, the majority having had one previous caesarean section. BTH's Medical Director had written to CQC highlighting that 2013-14 data had been used which had resulted in the outlier alert; more up to date data from 2015-16 had since been provided to CQC which had resulted in the Trust no longer being an outlier. A detailed action plan had been established by the Trust which would be consistently monitored.</p>
3.3	<p>Medicines Optimisation</p> <p>3.3.1 Ferric Maltol 30mg capsules for deficiency in inflammatory bowel disease The proposal from the Medicines Sub Group to classify the drug as Black was noted and supported by the Committee.</p> <p>J Lonsdale informed the Committee that wording in a recent policy for Pitolisant had been amended slightly; the policy now said 'Pitolisant is significantly more expensive than other treatments in Lancashire for the management of narcolepsy with or without cataplexy'. The company had identified that the costings used by LMMG were not accurate; the costings had been amended and although Pitolisant is cheaper than other medicines it remains more expensive than other medicines commissioned in Lancashire for the same indication. The Committee agreed to the change of wording in the policy.</p>
3.4	<p>Tier 2 Dermatology Services The report presented to the QIG & EC was to brief the Committee regarding serious performance and quality concerns in relation to the contract for the provision of the community dermatology service, and to note the contractual levers applied to date. The report provided background information in relation to the CCG's concerns. The Committee discussed the issues raised in the report and supported suggested actions.</p>
3.5	<p>Spire Fylde Coast Hospital – CQC Quality Report A copy of the full CQC quality report in relation to Spire Fylde Coast Hospital was circulated with the agenda. This report was raised under agenda item 3.1; minute 3.1/para 8 of these minutes refers.</p>
4	<p>Corporate Governance</p>
4.1	<p>Project Management Office highlight report and dashboard Next due for submission in July 2017.</p>
4.2	<p>GB Assurance Framework / <i>Stewart joined the meeting at this point.</i> The purpose of the report was to provide the Committee with an update on the CCG's operational risk register and corporate Governing Body assurance framework.</p> <p>It was noted that there were currently 22 risks held on the full Corporate Risk Register (CRR), three of which were high risks; the report provided further detail on these three high risks. The Committee noted the contents of the GB Assurance Framework (risks scoring 12+) and agreed that the report be submitted to the Governing Body.</p>

4.3	<p>MIAA review of NMC revalidation</p> <p>J Aldridge advised the Committee that the CCG had requested the MIAA Audit of NMC revalidation to undertake a review of arrangements in place to monitor the ongoing registration revalidation requirements of the CCG nursing staff. Two minor actions had arisen from the Audit which were being addressed. The report was accepted and a high level of assurance, identified by MIAA, was noted.</p>
5	<p>Public and Patient Engagement</p>
5.1	<p>Sub-group update (highlights from minutes)</p> <p>K Toole reported that two themed PPE meetings had taken place over the last two months, the first related to 'Wellbeing' and the second 'Technology'. The 'Technology' themed meeting incorporated a presentation by the 'Big White Wall' which was well received by the Group. The PPE Group agreed that the Big White Wall should be promoted further and K Toole said he would speak to the Comms & Engagement Team to push the service via social media.</p> <p>The Committee were also notified that the PPE Group had become aware of the recent announcement about Urgent Care Centres and had voiced their alarm that no real engagement had taken place with the Group. The Head of Comms & Engagement would be asked to link in with STP/Communications in order that any further messages be shared more widely in future.</p> <p>It was noted that NHS England had recently announced that CCGs should be developing patient participation indicators for the improvement and assessment framework. The Comms & Engagement Team were currently reviewing the framework.</p>
5.2	<p>Healthwatch update <i>this item was 5.4 on the agenda and was brought forward to this point in the meeting</i></p> <p>As the representative from Healthwatch Lancashire had sent apologies to the meeting, and it was recognised the practice challenges K Galloway may face attending many CCGs, J Aldridge said she would contact Healthwatch to set up some system of mutually beneficial communication approach between the two organisations</p>
5.3	<p>Amendment to Complaints and Concern Policy (requires approval)</p> <p><i>This item was 5.5 on the agenda and was brought forward to this point in the meeting</i></p> <p>The Committee approved a minor amendment to the Complaints and Concerns Policy which strengthened the complaints policy in relation to potential safeguarding or Mental Capacity Act issues. The document would be presented to the Governing Body at its next meeting.</p>
5.4	<p>Public Pledges <i>K Hurry joined the meeting at this point</i></p> <p>Highlights from the report that were brought to the Committee's attention were as follows:</p> <p>Health Navigators: Trained navigators were now answering phones at GP practices to ensure patients received the most appropriate appointment or treatment. B McKeowen commented that further training would be provided to Health Navigators in 2017-18 to support the GP quality contract. It was noted that GP practices had been contacted to identify which practices had managed to fully implement the triage telephone message. B McKeowen confirmed she would contact on Fylde and Wyre GP practice that were currently not using the triage message.</p> <p>Pharmacy+ Clinic: visited by 3,000 people.</p> <p>The Comms & Engagement Team were looking to introduce 'Pledge of the Month' in order ensure better communication between the CCG, staff and public.</p>

5.5	<p>Comms and Engagement strategy update</p> <p>K Hurry advised that the comms and engagement strategy for 2014-16 sets out a flexible framework for communication, engagement and community development activity required to ensure the CCG meets its 2030 Vision ambitions as well as its statutory duties. It was noted that the strategy was a living and dynamic document which informed what the CCG had done in relation to a number of pieces of research with key stakeholder groups.</p> <p>The Committee agreed that a lot of work had gone into producing the document and that the format was very reader-friendly, however, VG Chandrasekar commented that there did not appear to be anything in the document that referred to Children/Young People. K Hurry confirmed that one of her Team was currently looking to create a forum for this cohort of patients. VG Chandrasekar also mentioned that neither was there reference to maternity within the document; VG Chandrasekar was asked to further discuss this with L Tiffen and to then communicate with the Comms & Engagement Team.</p> <p>5.5.1 Kirkham and Wesham Clinics</p> <p>K Hurry asked Committee members to encourage anyone they knew of within the Kirkham and Wesham Clinics' footprint to participate in the Wesham estates survey that had recently been launched.</p> <p><i>K Hurry left the meeting at this point.</i></p>
6	<p>Patient Safety</p>
6.1	<p>Mortality Update</p> <p>6.1.1 Update report</p> <p>C Lewis reported that both Chairs from Blackpool and Fylde & Wyre CCGs had recently sent a joint letter to the Chief Executive of BTH advising that the CCGs Governing Bodies were seeking a strengthening of assurance around mortality and that both CCGs had reflected on their role as attendees at the BTH and Fylde Coast Mortality Governance Committee. A decision had been made by both CCGs that an alternative single separate assurance committee comprising of representation from both CCGs and BTH would be developed, which would focus on mortality accountability and assurance. Terms of Reference for the newly formed Committee were currently being compiled.</p> <p>The CCGs would attend the June BTH and Fylde Coast Mortality Governance Committee which was scheduled to take place on Friday 30 June in order to provide feedback on the pilot that had taken place around people who had died within 48 hours of admission to BTH. C Lewis advised she would write to the Neighbourhood Chairs to offer to attend a future Neighbourhood meeting to present the findings of the pilot.</p> <p>6.1.2 Professor Rudd's report following stroke services review visit</p> <p>A copy of the summary report of the stroke service review carried out at BTH on 17 March 2017 was shared with Committee members; the report was noted.</p>
6.2	<p>Safeguarding Dashboard</p> <p>Highlights from the Safeguarding dashboard included:</p> <p>Children Looked After (CLA): figures continued to rise causing implications on the service, this remained under review.</p> <p>Serious Case Reviews (SCR): of the current six SCRs that are relevant to the Fylde and Wyre footprint, two reports and one learning brief were due to be published in June. Reactive statements have been prepared by the Comms & Engagement Team.</p>

	<p>Safeguarding Adult Activity: it was hoped that guidance regarding the making of safeguarding alerts would assist to reduce the number of inappropriate alerts into adult safeguarding.</p> <p>Care Homes: an update on the recent closure of a Fylde and Wyre Care Home was provided. It was noted that the Fylde and Wyre footprint had lost 22 care home beds due to the closure; this information will be shared at the next CQC meeting.</p> <p>Discussion took place around provider/service reviews and capacity to accommodate proactive activity. The Committee recommended escalation of these views to the Audit Committee.</p>
6.3	<p>Interim report on NHS Malware Attack – 12 May 2017 An initial interim summary report of key findings following the recent NHS Malware attack was noted. A more comprehensive report would be shared with the Committee once it had been finalised.</p>
6.4	<p>Joint CCGs Quality Assurance Review – clinical management of pressure ulcers in BTHNNHSFT – District Nursing Service C Lewis advised that the reason for carrying out the joint BCCG/FW CCG quality assurance review on the clinical management of pressure ulcers of BTH's district nursing services was following receipt of a Regulation 28 letter from the Coroner, which had identified areas for clinical improvement in relation to the clinical management of pressure ulcers. The planned review had taken place on 18 and 26 October 2016. A number of recommendations had emerged from the review, full details of which were available within the report. It was noted that a range of learning opportunities around pressure ulcers had been provided by the Trust post-review.</p>
7	Primary Care Quality
7.1	<p>Primary Care Quality Governance update Next update due for submission in July 2017</p>
8	Items for referral to other Committees/Groups
8.1	<p>Items to be noted from or escalated to the Quality Surveillance Group</p> <ul style="list-style-type: none"> ● Dermatology Tier 2 Service ● Closure of the Care Home on the Fylde and Wyre footprint.
8.2	<p>Items to be noted from or escalated to the Audit Committee:</p> <ul style="list-style-type: none"> ● Dermatology Tier 2 Service ● Proactive reviews and CCG capacity
9	Minutes of other meetings
9.1	<p>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 The cover sheet from the meeting held on 18 May 2017 was noted.</p> <p>9.1.2 Assurance Group No cover sheet available, next cover sheet would be submitted to the July meeting.</p> <p>9.1.3 Contract Performance & Quality Group The cover sheet from the meeting held on 12 May 2017 was noted.</p>

	<p>9.1.4 Medicines Group The cover sheet from the meeting held on 30 May 2017 was noted.</p> <p>9.1.5 Safeguarding Assurance Group No cover sheet available for submission to the June meeting.</p> <p>9.1.6 Primary Care Quality Improvement Group The cover sheet from the meeting held on 20 June 2017 was noted.</p> <p>9.1.7 BTH Contract Quality Review Group No cover sheet available, next cover sheet would be submitted to the July meeting.</p>
10	<p>Any Other Business</p> <p>10.1 Area being used as the discharge lounge at BTH A Daniel referred to minute 3.4/para 4 of the May QIG & EC minutes in relation to the X-ray waiting area being used as a discharge lounge. He reported that he had recently made a couple of visits to the area, (accompanied by BTH's Assistant Director of Nursing), and had received assurance that funding had been approved and plans were in place to develop/remodel a nearby area which would provide a purpose-built, permanent solution to the current problems experienced by patients. The purpose-built area would encompass a screened off area, seating for 20-25 patients, beds for 4 patients, kitchen/food/drink and toilets. Review of progress will be maintained.</p>
11	<p>Date of next and future meetings The next meeting of the QIG & EC will take place on Tuesday 25 July 2017 commencing at 10.00 am in the Boardroom at FW CCG Wesham offices.</p>