

GOVERNING BODY MEETING – TUESDAY 19 JULY 2016

MINUTES TO BE RECEIVED

Title of Meeting	Quality Improvement, Governance and Engagement Committee
Date of Meeting	26 April 2016 and 31 May 2016
Status (ratified/draft)	Ratified
CCG Representatives	Internal meeting – see minutes

Summary of key issues discussed:

26 April 2016

- The **Project Management Office (PMO) highlight report and dashboard** was noted, the report highlighted 21 current projects with Diabetes remaining Red; further development of this sits within the pipeline process.
- **Clostridium Difficile infection objectives 2016-17:** the report was noted. There was no current trajectory for primary care but the CCG would be looking more closely at primary care in the coming months. It was noted that trajectories remained unchanged for the coming year. The C Diff panel continue to review non-acute cases on a monthly basis.
- **2016-17 CCG Quality Premium:** a presentation was provided by P Hulme, Senior Commissioning -- Manager (Planning and Performance) which covered the following:
 - Principles
 - Indicators (mandatory)
 - Cancer
 - GP Patient Survey
 - E-referrals
 - Antibiotic prescribing.
- **Volunteer Expenses Policy** was approved by the Committee, subject to financial arrangements and budget line being confirmed.
- **BVH Mortality Report and update:** The Committee noted that pressure remains on mortality at BTH. Review of the five key themes continues by the BTH Mortality Board, chaired by Dr O'Donnell. The Group are reporting continued slow improvement on HED data reports but issues remain about the key pathways.
- **Safeguarding Team update:** The Committee were advised that the CCG was looking at how the Safeguarding Team at FW CCG was utilised with Lancs North and how we re-align and how they provide services with Cumbria. Meetings continued to take place in order to ensure the realignment was done in a planned and timely manner.
- **Medicines Optimisation:** the Committee supported one decision as submitted by the Medicines Group.

31 May 2016

- **EIRA Stage 2 Night Safe Haven:** the jointly commissioned FW CCG/B CCG service, providing an ambulance and pastoral support for people affected by excessive alcohol during the hours of 9.00pm – 3.30am was approved by the Committee. Comments were noted in relation to the siting of the ambulance being in Blackpool town centre as opposed to a Fylde and Wyre location, however, it was noted that an evaluation of users of the service, including how many visits were deflected from A&E, would be provided to the Committee in approximately nine months' time.

Two other EIRA Stage 2 Services were approved by the Committee: Home Oxygen and Review Service and Child and Adolescent Learning Disability Service

- **E&I Assessment – Risk Management Strategy:** the CCG's Integrated Risk Management Framework, which had been reviewed and revised to reflect the improvements to the risk management process and recording, requested by the Governing Body and the Audit Committee was submitted to the Committee. It was noted that the Framework and associated EIRA had been received by the Assurance Group at its May meeting. The document was approved by the Committee with a couple of minor amendments.
- **Primary Care Quality Governance:** the Committee noted NHS England would be introducing a Quality Forum from June 2016 which related to Primary Care. Both C Lewis and T Riddick will be attending these fora and will provide updates to QIG & EC when available.
- **QUIN 2016/17** was presented to the Committee. The purpose of the presentation was to provide the Committee with the national and local CQUIN schemes hosted by FW CCG and associate schemes hosted by Blackpool, Chorley and south Ribble and East Lancashire CCGs.
- **Safeguarding dashboard update:** concern continued in relation to the number of children subject to a child protection (CP) plan within Fylde and Wyre (148 – April 2016). The Committee were advised that the high number of CPs was having a significant effect on provider services. There were also currently four Serious Case Reviews that had been commissioned by the LSCB; reviews were ongoing.
- **Medicines Optimisation:** the Committee supported two decisions as submitted by the Medicines Group.

Matters requiring action by Governing Body

Details:	By whom:	Timescale:
No actions required.		

Recommendation

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

Jennifer Aldridge

Chief Nursing Officer

Chair – Quality Improvement, Governance and Engagement Committee

**Minutes of the Quality Improvement, Governance and Engagement Committee
meeting held on Tuesday 26 April 2016 at FW CCG, Wesham**

Present:

Jennifer Aldridge	Chief Nurse (Chair)
Kath Greenwood	GP and Elected Clinical Lead
V G Chandrasekar	GP and Elected Clinical Lead
Ian Stewart	Secondary Care Doctor
Kevin Toole	Lay member for Patient and Public Engagement

In Attendance:

Zakyeya Atcha	Consultant – Public Health, Lancashire County Council
Amanda Bate	Communications and Engagement Manager
Neil Greaves	Communications Manager, Healthwatch Lancashire
Pippa Hulme <i>PTinson</i>	Senior Commissioning Manager (Planning and Performance) – <i>On behalf of</i>
Claire Lewis	Head of Quality
Julie Lonsdale	Head of Medicines Optimisation
Alice Marquis-Carr	Head of Safeguarding/Designated Nurse
Nick Medway	Practice Engagement, Quality and Governance Manager (<i>from Item 3.2</i>)
Tracy Riddick	Senior Integrated Governance Manager (Primary Care)
Pamela Bowling	Governing Body Secretary/Minute Secretary

1	Introduction
1.1	Apologies for absence: Apologies for absence were received from: S Betts, A Janjua, P Tinson, F Guest
1.2	Declarations of Interest None
1.3	Any other urgent business
1.3.1	Regulation 28 Report issued to BTHFT C Lewis advised that the Coroner had issued a report under Regulation 28 to BTHFT (copied to CQC); the report was in the public domain. She advised that FW CCG had been copied in. It relates to BTH and District Nursing services, with particular reference to prevention of pressure sores. The CCG had sought assurance from BTH with regard to the quality of DN services. BTH have provided assurances that this was an isolated incident.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of last meeting – 29 March 2016

	<p>Amendment to Minute 2.1 – Dr VG Chandrasekar to be noted as have sent apologies for absence.</p> <p>2.1.1 Table of Attendance 2015-16 Noted; the Chair confirmed the meeting was quorate.</p>
2.2	<p>Matters arising from minutes of last meeting – 29 March 2016</p> <p>2.2.1 Item 4.3/Page 4/March 2016: CCG Committee Efficiency and Effectiveness Review – Constitutional Implications C Lewis referred to the Committee Efficiency and Effectiveness Review – Constitutional Implications paper that had been discussed at the last meeting; the Committee noted that further consideration had taken place as recommended at the March meeting.</p> <p>Points raised during discussion:</p> <ul style="list-style-type: none"> - What about changes to other ToRs that may affect the QIG & E Committee? - Comments were made that there may be some duplication with other Committees. - The Committee reflected on the title of Committee and it was proposed that it be renamed as Quality, Engagement and Governance Committee. <p>The Committee supported proposed responses in the paper subject to:</p> <ul style="list-style-type: none"> - Consideration of any recommendations from other Committees. - Further reflection on any matters duplicated with other Committees, C Lewis to action. - P Bowling agreed to collate response and feedback to the Audit Committee. <p>2.2.2 Item 4.1/Page 4/March 2016: Equality Impact Assessment process It was noted that a recommendation needed to be made in relation to the timing of Stage 1s and Stage 2s being submitted to the Committee for sign-off. P Hulme and C Lewis agreed to look at how this fits into the commissioning cycle and make a recommendation to the Committee at a future meeting.</p> <p>2.2.3 Item 4.3/Page 4/March 2016: MIAA QIG & E Committee Effectiveness – Draft Assignment Report C Lewis asked the Committee to specifically note the content which related to bi-monthly meetings/ topic based agendas. Feedback from members on issues that need to be planned in to the workplan were requested.</p>
2.3	Action Sheet from meeting held on 29 March 2016
3	Corporate Governance
3.1	<p>Project Management Office (PMO) highlight report and dashboard P Hulme highlighted the following from the quarterly report:</p> <ul style="list-style-type: none"> - Falls lifting service. - Paediatric continence service. - ADHD - approved for continuation. - Older adults' rapid intervention and treatment teams. - Service Spec for integrated neighbourhood falls service. - Service Spec for neighbourhood care teams - New Models of Care update – issues around staffing in episodic and going out to advert. - Meeting with Attain who are doing work plan for NMoC across the Fylde Coast. <p>It was noted that there were currently 21 projects with Diabetes remaining red; further development of this sits</p>

	<p>within the pipeline process.</p> <p>It was noted that the Commissioning plan is being developed for this year and will go to the Governing Body for approval.</p>
<p>3.2</p>	<p>Review of Quality Assurance Visits – Smaller Provider contracts</p> <p>A Daniels highlighted the following:</p> <ul style="list-style-type: none"> - Design of visits: It is proving useful visiting sites and building knowledge base. No concerns had been found, or immediate remedial actions required. - Assurance scores were noted. - Issues, themes were being identified. - Findings from visits were being uploaded to the CCG's intranet. - Service user feedback had not been included in the report as it is part of routine contract monitoring and not possible/appropriate for these provider visits. - Phase 2 of the programme was currently under development, including review of the visit tool. <p>C Lewis stressed the importance of the work being undertaken which gave assurance about smaller providers.</p> <p>N Greaves agreed to co-ordinate with Healthwatch about visits next year in order to avoid duplication. N Greaves offered to support by seeking service user input in advance and feed it into the process. Data from these visits fed into the risk profiling tool.</p> <p>Quarterly contract monitoring would pick up more patient issues via complaints monitoring, in addition to the providers' own patient satisfaction/feedback surveys.</p> <p>It was noted that incidents should be reported via INSIGHT so these can be reviewed and the assessment visit can take them into consideration.</p> <p>A request was made that, in future, Appendix 1 of the report include what services are provided by each of the Service Providers.</p> <p>The CSU staff were commended on this piece of work.</p> <p><i>N Medway joined meeting at this point.</i></p>
<p>3.3</p>	<p>Clostridium Difficile infection objectives 2016-17</p> <p>N Medway advised that the report provided was for information only. He highlighted the fact that the objectives were for acute CDIs. There was no current trajectory for primary care but the CCG would be looking more closely at primary care in the coming months. It was noted that trajectories remained unchanged for the coming year.</p> <p>It was noted that LTH currently had 66 cases.</p> <p>N Medway advised that there is no financial sanction for this year.</p> <p>The panel continue to review non-acute cases on a monthly basis.</p> <p>Discussion took place regarding a lot of cases relating to patients over 80 years of age and commented that demographics should be factored in when setting trajectories.</p>

	<p>J Aldridge advised that a lot of work was being undertaken in this area with triangulation taking place via work with medicines management. She advised that the panel continued to explore issues and mentioned that microbiology representatives attend the Panel meetings.</p>
<p>3.4</p>	<p>2016-17 CCG Quality Premium</p> <p>P Hulme advised that guidance had been received in March and she had to respond to indicators. However, the CCG had been unable to engage clinically as much as it would have liked, due to time scales.</p> <p>P Hulme gave a presentation which covered the following:</p> <ul style="list-style-type: none"> - Principles - Indicators (mandatory) - Cancer - GP Patient Survey - E-referrals - Antibiotic prescribing. <p>Four indicators were recommended to the Clinical Commissioning Committee (CCC) for consideration, three of which had been ratified by the CCC at its meeting on 5 April 2016; the three were then approved by NHS England and submitted in the final planning submission on 18 April 2016. These were:</p> <ul style="list-style-type: none"> - Maternity Indicator 23 – number of women known to be smokers at the time of delivery per 100 maternities. - Trauma and Injury Indicator 55 - injuries due to falls per 100,000 population ages 65+ - Cross cutting category indicator 77 - % of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. <p>Formal recommendation would be sent to the Governing Body by Chair’s action.</p> <p>It was noted that the Performance Dashboard would need to be restructured to reflect changes in NHSE formal Assurance monitoring 2016/2017.</p> <p>C Lewis asked the question whether the Committee wanted the annual workplan amending as Quality Premium is a CCC responsibility not QIGEC responsibility? The Committee agreed to continue to receive the Quality Premium in view of quality aspect but just to receive not approve. The final position would not be available until the end of year.</p>
<p>3.5</p>	<p>Receipt of Corporate Risk Register</p> <p>C Lewis reported that a workshop had been held in March for the Governing Body review the risk register. She also advised that a revised register had been submitted to the Assurance Group, who made some suggested changes. At the next review owners would be asked to identify residual risk score for each risk. The Risk Register had also been submitted to the Audit Committee where debate took place regarding mortality risk.</p> <p>I Stewart commented on the evaluation at the GB workshop being valuable to the process. He recommended that this is done again through a GB workshop, which was supported by the Committee. P Bowling agreed to discuss this further with the CCG’s Chair and invite relevant service heads if agreed.</p> <p>It was also agreed that any Risks on the register relevant to the QIG & E Committee be identified and scheduled for the bi-monthly topic agendas.</p>

<p>3.6</p>	<p>Volunteer Expenses Policy A Bate advised that the Policy had been finalised following discussion at last meeting; amends made were highlighted to the Committee as follows:</p> <ul style="list-style-type: none"> - Proposed increase in mileage allowance. - More aligned to NHSE policy. <p>P Hulme sought clarification as to whether there was a budget for this? Following discussion, the Policy was approved subject to financial arrangements and budget line being confirmed.</p>
<p>4 Primary Care Quality</p>	
<p>4.1</p>	<p>Primary Care Quality Governance T Riddick provided an update highlights of which included:</p> <p>Recruitment of additional posts reporting to Head of Delivery and Planning. (One of which will be member of the PQIG group.)</p> <p>Enhanced PQIP – in support of GP Quality Contract. Finer detail will be discussed with practice managers.</p> <p>The Committee agreed that the next PC update would be received in July 2016.</p> <p>Discussion took place in terms of what should be escalated to the PCC Committee; it was felt the hiatus in Practice Summary Data was currently due to lack of staff at NHSE.</p> <p>With regard to vulnerable GP practices, I Stewart asked which practices were under pressure and the reason why they are more under pressure than others? Might affect CCG’s interest in the quality of care provided.</p> <p>Criteria against which the 4 practices were chosen was provided by T Riddick, ie workforce, and single handed practices were also weighted strongly; being identified as vulnerable practices would influence the programme of PQIP visits More information will be available in due course.</p>
<p>5 Clinical Effectiveness</p>	
<p>5.1</p>	<p>Quality report and dashboard A Daniels provided a highlight and exception report on the Quality report and dashboard:</p> <p>Mixed sex accommodation: There were breaches but not affecting Fylde and Wyre.</p> <p>Patient experiences and complaints: LTH – there had been a surge in complaints in February, but they remain on target for year to date.</p> <p>Maternity F&F test data: 14 - post-natal ward. BTH have been contacted and asked to provide additional information, (still awaited; response will be included in a future report).</p> <p>CDiff: Previously already covered in Minute 3.3 of these minutes..</p> <p>CDI: Avoidable/unavoidable were noted.</p> <p>Medication errors: Remain within trajectory except serious harms. Additional information has been requested on what these were and whether affected any affected Fylde and Wyre patients.</p> <p>I Stewart drew attention to the graph on page 16 of the report relating to CDI and raised concern over the Fylde</p>

	<p>and Wyre position. I Stewart was assured that this matter is covered in Assurance meetings with NHS England and the CCG is being pro-active in terms of actions. It was hoped that these actions will start to demonstrate an improvement going forward.</p>
<p>5.2</p>	<p>Medicines Optimisation Tadalafil 2.5mg and 5mg (for erectile dysfunction). The black/red decision had been made by LMMG in line with cross-Lancashire.</p> <p>The question was asked what about patients already on this medication? J Lonsdale advised that patients would be able to continue until such time the prescriber felt their patient was due for a review; this was in line with NICE guidance.</p> <p>A second question was asked as to whether there had been an equality assessment on this? J Lonsdale provided assurance that an equality assessment was not relevant.</p> <p>The Committee supported the decision.</p>
<p>5.3</p>	<p>Complaints report Q4 (v4) including trends year-to-date A Bate provided an update on the key points within the document.</p> <p>J Aldridge raised an issue about small numbers and the possibility of identifying individuals as the information was in the public domain. A Bate confirmed that the report related solely to issues brought to the attention of the CCG, ie not providers. She also confirmed that additional detail was given to Assurance Group.</p> <p>INSIGHT was being used to triangulate information from complaints.</p> <p>The low number of positive comments was noted; it was also noted that there are a lot more comments being made available via other media, ie social media. A Bate advised that CSU were not mandated to pro-actively seek social media comments for the purpose of the report. She confirmed that the CCG did collect in other ways, ie via our engagement activities.</p> <p>It was noted that the quarter on quarter increase was likely to be a reflection of public awareness of commissioning activity.</p> <p>A comment was raised in relation to ref: 25314 'Brief Therapy Support Services, it was agreed that further discussion would take place outside of the meeting.</p>
<p>5.4</p>	<p>Datix report (Learning from Insight) Q3 & Q4 2015/16 N Medway advised that the number of Insight reports was slightly down on previous quarters, however he advised that the process was now well established. It was noted that most of the reports were in relation to BTH.</p> <p>The top themes included poor communication and information, medication issues and clinical care/treatment.</p> <p>In relation to 'You said, We did', it was noted that there was an issue with obtaining discharge information from LTH; N Medway confirmed that this had been risk assessed and raised at Executive level.</p> <p>In response to a query as to whether there was any evidence of improvements as a result of Insight reporting, N Medway advised that there was a quality monitoring system in process, reporting would be done through this.</p>

6	Patient and Public Engagement
6.1	<p>Sub-group update K Toole asked to note info from Healthwatch Lancashire, BTH and other partners that attend the PPT meeting.</p> <p>The committee was asked to note that the Fylde and Wyre Community Network was up and running and the group was working with CVS.</p> <p>K Toole advised that a lot of good work was taking place and asked the Committee to note on-going work in terms of New Models of Care, enhanced primary care and episodic care, including the people panel and social media. He also advised that members welcomed individual contacts which encompassed 108 face to face contacts.</p> <p>Thanks were conveyed to T Riddick, A Bate and all others involved in the PPG conference that had recently taken place – there were over 50 attendees with all practices represented.</p>
6.2	<p>Public Pledges report Item deferred to May 2016.</p>
6.3	<p>Healthwatch Lancashire update report N Greaves provided an update viz:</p> <p>Communication and engagement activity November to March: The report had been distributed on 25 April. CCGs and Trusts had been asked to provide a response and N Greaves said Healthwatch Lancashire would welcome feedback. The Calderstones report on food provision was due to be published on 27 April 2016.</p> <p>The Committee noted that there had been a cut in funding for Healthwatch Lancashire, as a result, from May there would be less work undertaken in Hospitals but Healthwatch Lancashire planned to visit six GP practices across Lancashire each month, the visits would consist of a half day per visit and would be arranged in advance with practices. N Greaves advised that Healthwatch Lancashire would be happy to fit in around the CCG's plans. A Bate suggested that Practices be reminded to link in with their PPGs and suggested to N Greaves that questions be shared with the PPG Chairs Group in advance.</p> <p>It was noted that Blackpool Healthwatch had carried out a mixed sex accommodation walk-round. It was agreed that more collaboration across Blackpool Healthwatch and Healthwatch Lancashire was needed and it was hoped that they will pair up to do these visits in future.</p>
7	Patient Safety
7.1	<p>BVH Mortality Report and update It was noted that pressure remains on mortality at BTH.</p> <p>Review of the five key themes continues by the BTH Mortality Board; Dr O'Donnell chairs this group. The Group are reporting continued slow improvement on HED data reports but still issues remain about the key pathways.</p> <p>A review of stroke patients who died up to 30 days after discharge had been completed. There were no outstanding actions for learning but some end to end sample cases would be reviewed by the Task & Finish group in due course and would be shared with the QIG & EC at a future meeting.</p>

	I Stewart commented that NWS contact had been influential and suggested that maybe NWS should be included in future Mortality Governance Committee meetings.
7.2	<p>Safeguarding dashboard update</p> <p>A Marquis-Carr provided an update in relation to the Safeguarding dashboard. She advised that the Ofsted Inspection Improvement Board had met twice; the health representatives are Jan Ledward (Chorley & South Ribble/Greater Preston CCGs) and Janet Thomas LCFT.</p> <p>Headlines from the Improvement Board were as follows: The workload of Social Workers remained high. Demand from child protection cases had risen. Inspectors were still visiting children's social care services at frequent intervals and finding a range in practice, some very good and some poor.</p> <p>The Committee noted that NHS England had requested to attend the Safeguarding Leads Forum.</p>
7.3	<p>Safeguarding Team update</p> <p>J Aldridge advised that the CCG was looking at how the Safeguarding Team at FW CCG was utilised with Lancs North and how we re-align and how they provide services with Cumbria. Meetings were taking place in order to ensure the realignment was done in a planned and timely manner. Further information would be made available at a future meeting.</p>
8	Items for referral to other Committees/Groups
8.1	<p>Items to be noted from or escalated to Quality Surveillance Group</p> <ul style="list-style-type: none"> ➤ HCAI/CDiff Position ➤ Mortality ➤ Regulation 28
8.2	<p>Items to be noted from or escalated to Audit Committee</p> <ul style="list-style-type: none"> ➤ Workplan ➤ Report on Review of Quality Assurance Visits - small providers (condensed version)
9	Minutes of other meetings
9.1	<p>The high quality cover sheets, capturing key issues and outcomes from the following sub groups were noted. A copy of the full set of minutes would 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 10 March 2016 was noted.</p> <p>9.1.2 Assurance Group The cover sheet from the meeting held on 13 April 2016 was noted.</p> <p>9.1.3 Contract Performance & Quality Group The cover sheet from meetings held on 12 February and 11 March 2016 were noted.</p> <p>9.1.4 Medicines Group The cover sheet from the meeting held on 29 March 2016 was noted.</p>

	<p>9.1.5 Safeguarding Assurance Group No cover sheet submitted.</p> <p>9.1.6 Primary Care Quality Improvement Group The cover sheet from the meeting held on 15 March 2016 was noted.</p> <p>9.1.7 BTH Contract Quality Review Group The minutes from the meeting held on 17 February 2016 were noted.</p>
10	<p>Any Other Business None.</p>
11	<p>Date of next and future meetings The next meeting of the QIG & EC will take place on Tuesday 31 May 2016, commencing at 10.00 am in the Boardroom at FW CCG Wesham offices.</p>

Minutes of the Quality Improvement, Governance and Engagement Committee meeting held on Tuesday 31 May 2016 at FW CCG, Wesham

Present:

Jennifer Aldridge	Chief Nurse (Chair)
Kath Greenwood	GP and Elected Clinical Lead
V G Chandrasekar	GP and Elected Clinical Lead (<i>from Item 3.2</i>)
Ian Stewart	Secondary Care Doctor
Kevin Toole	Lay member for Patient and Public Engagement

In Attendance:

Zakyeya Atcha	Consultant – Public Health, Lancashire County Council
Zakir Bhamji	Planning Support Officer (<i>Item 3.3 only</i>)
Mark Britton	Communications Manager (<i>from Item 6.1 onwards</i>)
Maria Cann	Quality & Performance Facilitator (<i>Item 5.4 only</i>)
Andrew Daniels	Quality & Performance Specialist, (<i>on behalf of S Betts</i>)
Pippa Hulme <i>Tinson</i>)	Senior Commissioning Manager (Planning and Performance) – (<i>on behalf of P</i>
Claire Lewis	Head of Quality
Alice Marquis-Carr	Head of Safeguarding/Designated Nurse
Nick Medway	Practice Engagement, Quality and Governance Manager
Jennifer Mulloy	Quality & Performance Facilitator (<i>Item 3.2 only</i>)
Julie Pennington	Executive Assistant/Minute Secretary

It was noted by the Chair that the meeting was not quorate until such time as Dr V G Chandrasekar arrived.

1	Introduction
1.1	Apologies for absence: Apologies for absence were received from: S Betts, A Janjua, P Tinson, F Guest, J Lonsdale, F O'Donoghue, A Bate, N Greaves.
1.2	Declarations of Interest None
1.3	Any other urgent business None.
2	Minutes of last meeting/matters arising/action points
2.1	Minutes of last meeting – 26 April 2016 Minor typo amends were made to the draft minutes, following which the minutes of the meeting held on 26 April were approved.
2.1.1	Table of Attendance 2015-16

	Noted; the Chair confirmed the meeting was quorate.
2.2	Matters arising from minutes of last meeting – 29 March 2016 There were no matters arising from the minutes of the meeting held on 29 March 2016.
2.3	Action Sheet from meeting held on 29 March 2016 The action sheet was updated.
3	Corporate Governance
3.1	Project Management Office (PMO) highlight report and dashboard Next due for submission in July 2016.
3.2	<p><i>Dr V G Chandrasekar arrived making the meeting quorate from this point onwards.</i></p> <p>Gateway documents for sign off J Mulloy, Quality and Performance Facilitator, joined the meeting to present this agenda item.</p> <p>3.2.1 EIRA Stage 2 Night Safe Haven Following brief discussion, the jointly commissioned FW CCG/B CCG service, providing an ambulance and pastoral support for people affected by excessive alcohol during the hours of 9.00 pm – 3.30 am was approved by the Committee. Comments were noted in relation to the siting of the ambulance being in Blackpool town centre as opposed to a Fylde and Wyre location, however, it was noted that an evaluation of users of the service, including how many visits were deflected from A&E, would be provided to the Committee in approximately nine months' time.</p> <p>3.2.2 EIRA Stage 2 Home Oxygen and Review Service Approved.</p> <p>3.3.3 EIRA Stage 2 Child and Adolescent Learning Disability Service Approved.</p> <p><i>J Mulloy left the meeting.</i></p>
3.3	<p>QIPP Monitoring and Reporting process Z Bhamji, Planning Support Officer, joined the meeting to present this agenda item.</p> <p>The presentation outlined the QIPP commissioning intentions and pipeline process. It was noted that a complimentary element to the financial component of this process was currently under development and would be shared with the Committee at a future date.</p> <p><i>Z Bhamji left the meeting.</i></p>
3.4	<p>E&I Assessment – Risk Management Strategy C Lewis presented the CCG's Integrated Risk Management Framework which had been reviewed and revised to reflect the improvements to the risk management process and recording, requested by the Governing Body and the Audit Committee. It was noted that the Framework and associated EIRA had been received by the Assurance Group at its May meeting. The document was approved by the Committee with a couple of minor amendments.</p>

4	Primary Care Quality
4.1	<p>Primary Care Quality Governance</p> <p>In T Riddick's absence, C Lewis requested that the Committee note NHS England would be introducing a Quality Forum from June 2016 which related to Primary Care. Both C Lewis and T Riddick will be attending these fora and will provide updates to QIG & EC when available.</p>
5	Clinical Effectiveness
5.1	<p>Quality report and dashboard</p> <p>A Daniels provided a highlight and exception report on the Quality report and dashboard. He advised that Phase 2 of the Quality Assurance visits process would be taking place from end May and reminded the Committee that the purpose of the visits was to increase the level of understanding and assurance regarding the organisations delivering services under the CCG's smaller contracts. Direct Medical Imaging and Type 2 Diabetes would be the first of the Phase 2 services to be addressed.</p> <p>Discussion ensued on the templates used and questions asked during quality assurance visits; it was agreed that A Daniels and I Stewart would meet outside of the meeting to review the templates being used.</p> <p>A query was raised in relation to the figures in the table on Page 22 (LTH Medication Administration Errors summary); it was noted that the same wording was being used for 'Medication Administration Errors resulting in harm – cumulative total'. The comments were taken on board and would be re-worded for the June report.</p>
5.2	<p>Medicines Optimisation</p> <p>The Committee supported the following two decisions:</p> <p>Sodium Oxybate Oral Solution 400mg/ml for treatment of Narcolepsy with Cataplexy; the black decision had been made by LMMG in line with cross-Lancashire.</p> <p>Co-Proxamol for pain management; the black decision had been made by LMMG in line with cross-Lancashire.</p>
5.3	<p>Provider Quality Account – BTH</p> <p>C Lewis advised that the report provided the Committee with the opportunity to view the Quality Account for BTH and the CCG's commentary prior to publication in the public domain.</p> <p>C Lewis commented that there was always a challenge for Trusts to produce a report for stakeholder commentaries in time for publishing on the NHS Choices website by 30 June each year. The challenge largely arose from the delay in some data which is necessary to adequately describe the outcomes and progress in the year; typically, therefore, stakeholders comment on a final draft, with just a couple of days turnaround, after which some additions may be made immediately prior to publication. The Quality Account had been shared with CCG commissioning managers for information. I Stewart commented that there was no threshold described for 'close to target'.</p>
5.4	<p>CQUIN 2016/17</p> <p>Maria Cann, Quality & Performance Facilitator, joined the meeting to present this agenda item.</p> <p>The purpose of the presentation was to provide the Committee with the national and local CQUIN schemes hosted by FW CCG and associate schemes hosted by Blackpool, Chorley and south Ribble and East</p>

	<p>Lancashire CCGs. It was agreed that a copy of the comprehensive slides used in the presentation would be circulated to all Committee members.</p> <p>The Committee noted the content of the presentation.</p> <p><i>M Cann left the meeting.</i></p>
6	Patient and Public Engagement
6.1	<p><i>M Britton, Communications Manager, joined the meeting at this point.</i></p> <p>Sub-group update K Toole delivered a verbal report on a recent survey undertaken within the LGBT cohort of patients and provided a summary of results from the survey. Discussion took place as to how the CCG could be more proactive towards this cohort of patients and it was agreed that the Comms and Engagement Team would consult the survey in order to obtain a better understanding of the recommendations and, subsequently, discuss with the PCQIG to come up with a strategy to raise awareness for Practices (ie via literature/PM forums/PN forums etc), the results of which should be measured through the Assurance Group.</p> <p>A copy of the report would be circulated to all Committee members and an update on the plan to take this forward would be provided at the June 2016 QIG & EC meeting. A commitment was made to circulate the commissioned report relating to children and young people's engagement, at the same time.</p>
6.2	<p>Public Pledges report The October 2015 to March 2016 Public Pledges report was noted.</p> <p>The following comments were noted; M Britton to action accordingly:</p> <ul style="list-style-type: none"> - Pledge 8 – add a link to relevant sections, eg the Healthy New Towns segment which would provide more up to date information. - Pledge 10 – add quality improvements to the reference to the monetary value on Stroke Prevention. - Add a summary statement to the document advising that the report was a 'moment in time' document and that additional/up to date information was available via the CCG's enquiry line or website. - Ensure the report is reviewed by the Executive Team prior to forwarding to the Governing Body/uploading onto the Website.
6.3	<p>Healthwatch Lancashire update report Deferred to June 2016.</p>
7	Patient Safety
7.1	<p>BVH Mortality Report and update C Lewis reported that findings from the 'end to end stroke review' would be fed back to the August Mortality Committee; learnings to come out of the review in relation to both Acute and Primary Care were being compiled and would be shared with QIG & EC at a future date.</p>
7.2	Safeguarding dashboard update

	<p>A Marquis-Carr referred to the Safeguarding dashboard and highlighted the continued concern in relation to the number of children subject to a child protection (CP) plan within Fylde and Wyre (148 – April 2016). The Committee were advised that the high number of CPs was having a significant effect on provider services..</p> <p>There were currently four Serious Case Reviews that had been commissioned by the LSCB; reviews were ongoing.</p> <p>Following discussion it was agreed that J Aldridge and A Marquis-Carr would meet to discuss issues to be raised with Lancashire County Council in order to obtain assurance on what mitigating factors had been put in place by LCC to ease pressures in the system.</p>
<p>7.3</p>	<p>Quality Assurance visits – Annual Plan</p> <p>The Annual Plan tracker provided an up to date list of the proposed Quality Assurance Reviews for 2016/17. The Committee were asked to note that the quality team resource would reduce over the year as temporary CSU posts come to an end; consequently, the smaller provider reviews would be completed before the end of September.</p> <p>As there were significant competing pressures on the CCG’s quality team, it was proposed that the discharge process would be this year’s pathway review, a part of which would be undertaken as a desk top review. The District Nursing Service review, deferred from 2015-2016, could capture some aspects of the discharge process for triangulation, as can the therapy services element. Hence these have been rolled into a single review, at this stage.</p> <p>It is proposed that the Extensive Care Service review will be timed and co-ordinated with commissioning-led work to optimise this service.</p> <p>It was noted that, for the first time, the CCG would undertake a quality assurance review relating to the care home provision. This is likely to be one or two care home settings, subject to capacity within the Safeguarding Team work plan.</p> <p>PQUIP visits this year would be more aligned to the new Quality Contract. Visits will take place to all practices in July/August, with a follow up responsive visit to each practice. Contract compliance will be reported through the Primary Care Quality Improvement Group and any quality concerns escalated to QIG&EC through the highlight report.</p>
<p>8</p>	<p>Items for referral to other Committees/Groups</p>
<p>8.1</p>	<p>Items to be noted from or escalated to Quality Surveillance Group</p> <p>None.</p>
<p>8.2</p>	<p>Items to be noted from or escalated to Audit Committee</p> <p>None.</p>
<p>9</p>	<p>Minutes of other meetings</p>
<p>9.1</p>	<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</p>

	<p>The cover sheet from the meeting held on 14 April 2016 was noted.</p> <p>9.1.2 Assurance Group The cover sheet from the meeting held on 11 May 2016 was noted.</p> <p>9.1.3 Contract Performance & Quality Group The cover sheet from meetings held on 8 April 2016 was noted.</p> <p>9.1.4 Medicines Group The cover sheet from the meeting held on 26 April 2016 was noted.</p> <p>9.1.5 Safeguarding Assurance Group The cover sheet from the meeting held on 23 March 2016 was noted.</p> <p>9.1.6 Primary Care Quality Improvement Group No cover sheet submitted.</p> <p>9.1.7 BTH Contract Quality Review Group The minutes from the meeting held on 25 April 2016 was noted.</p>
10	<p>Any Other Business None.</p>
11	<p>Date of next and future meetings The next meeting of the QIG & EC will take place on Tuesday 28 June 2016, commencing at 10.00 am in the Boardroom at FW CCG Wesham offices.</p>