

PGB-15-73

Quality Committee Minutes

14.04.15

Quality Committee Meeting Minutes
Tuesday 14 April 2015 13:00 hrs to 16:00 hrs
The Board Room, Francis Crick House

Present:

Christina Edwards (CE) : Non-Executive Director NHS Nene CCG (Chair)
Peter Boylan (PB) : Director of Nursing & Quality, NHS Nene & NHS Corby CCGs
Joanne Watt (JW) : GP Board Member for Quality NHS Corby CCG

In attendance:

Richard Bailey (RB) : Deputy Head of Joint Commissioning, NHS Nene & NHS Corby CCGs (item 8)
Jane Bell (JB) : Head of Nursing, NHS Nene & NHS Corby CCGs
Emma Clarke (EC) : Senior Quality Improvement Manager, NHS Nene & NHS Corby CCGs (items 13-14)
Claira Ferreira (CF) : Commissioning Lead Learning Disabilities, NHS Nene CCG (item 5)
Alison Jamson (AJ) : Deputy Director of Quality, NHS Nene & NHS Corby CCGs
David Knight (DK) : Senior Quality Improvement Manager, NHS Nene & NHS Corby CCGs (item 16)
Fiona Pimm (FP) : Senior Quality Improvement Manager, NHS Nene & NHS Corby CCGs (items 11, 15 and 19)
Helen Sutton (HS) : Minute Taker NHS Nene CCG

1. Welcome and apologies for absence

The Chair welcomed attendees and confirmed that due notice of the meeting had been given in line with the Terms of Reference and that the meeting was quorate.

Apologies for absence were received from Matthew Davies (MD), Sebastian Hendricks (SH), Kathryn Moody (KM) and Matthew Spilsbury (MS).

2. Declarations of Interest

There were no declarations of interest made by those present.

3. Patient Story

CE presented the patient story regarding a patient who, despite their (and their family's) specific instructions that there be no intervention or treatment at the end of their life; this had not been respected by the clinicians involved with their care. As a result, they had not been able to experience the end of life they had planned, despite their capacity to express their wish to receive no intervention or treatment.

It was thought that the onset of Admission Avoidance Care Plans would help with this going forwards, however, prolonging death was not the same as extending life; and the health service had a responsibility to ensure a good death for all patients.

- 4. Minutes of the previous meetings held on 10 February 2015** **QC-15-24**
The minutes of the meeting held on 10 February 2015 were approved as an accurate record.

4.1 Matters arising

There were no matters arising that were not already on the agenda.

4.2 Action Log

QC-15-25

The Action Log was received and reviewed with all completed actions noted. CE congratulated the quality team on progress made against the actions.

Claira Ferreira (CF) joined the meeting.

5. Transforming Care Programme update

QC-15-26

CF presented the Transforming Care Programme (programme) update for information.

It was noted, with disappointment, that the high street development site that had been identified for the bespoke new-build flats for the five individuals had been sold to another purchaser. As a result, alternative sites were being explored as a matter of urgency. Committee members expressed their hope that a suitable solution could be found quickly. NHS England had been advised and the impact on the original planned discharge dates was being reviewed. The individuals and their families were being kept informed.

It was positive that person centred care plans for each of the five individuals had been completed. It was intended that these would be revisited to identify if, in the short term, an alternative solution could be identified for a number of the individuals.

The first stage of the programme had focussed on the repatriation of out of county patients. Significant progress had been made with individual person centred specifications. It was noted that NHS England were considering a gate keeping process for people with learning disabilities being admitted to hospital settings because of their mental health/challenging behaviour. NHS England now require notification before people enter hospital or as soon after admission as possible. A clear directive had been issued that admission to an assessment unit for people with learning disabilities would have to be authorised by an NHS England Director.

As a result of NHS England Care and Treatment Reviews, five individuals from low secure settings had been identified as suitable to be discharged. These individuals had forensic backgrounds and were subject to Ministry of Justice orders or restrictive mental health sections. Regular protocol meetings between health and social care have been set up (with the next one scheduled for 27 April 2015) to discuss the case management, risks, needs, responsibilities and professional expertise. NHS England funding would not follow these individuals.

Northamptonshire Healthcare NHS Foundation Trust (NHFT) had suspended admissions to the Learning Disability Assessment and Treatment Unit at The Warren, Berrywood site. NHFT continue to provide resources for four beds. The decision had been made following environmental issues including the built environment, geography and the current staffing situation. Two individuals remained on the Unit and their discharge plans were in train. Committee members noted the arrangements in place and that one patient had been

admitted to an out of county Acute Treatment Unit for a short spell. A senior manager's meeting was held on 7 April 2015 to discuss the situation. NHFT advised that the planned move to The Teal Ward at St Mary's hospital was due in June 2015. Delays had been due in part to finding a suitable contractor which had now been resolved. A discussion ensued regarding the delay experienced in this regard and it was noted this issue would be raised with NHFT at the next Clinical Quality Review meeting. Quality Committee members expressed concern regarding the delay and the affect it may have on patients, their families and carers.

CF left the meeting.

6. Review of the Quality Directorate Risk Register QC-15-27

AJ presented the updated Quality Directorate Risk Register for information, confirming that there were nine live risks and nine tolerated risks (with explanations as to why provided). Two new risks had been added, namely:

- QT052 Timeframes for complaints to complainants may not be met.
- QT054 Assurance against Morecambe Bay Investigation Report (Kirkup Inquiry).

It was noted that QT011 required updating as in March the Care Quality Commission had carried out a review of services for children who were looked after and the effectiveness of safeguarding arrangements for all children in the county. The report was awaited and would be submitted to the Committee for information following publication.

Action: JB to update the Safeguarding risk on the register (QT011).

Richard Bailey (RB) joined the meeting.

7. Quality and Performance Report QC-15-28

Performance:

A representative was not available to present the performance section of the report. Accordingly, the Committee reviewed the executive summary, and the following was noted:

- *Urgent Care: Patients waiting 4 hours or less in Accident & Emergency (A&E)*
Performance had not improved and the urgent care system remained challenged throughout January with both trusts experiencing non-elective admissions from patients with high acuity, in addition to issues with delayed discharges.

- *Urgent Care: Ambulance response times*
Ambulance response times continued to be of concern. JW commented that the return of the 'One Hour Ambulance' could make a difference. It was noted that this had already been fed back and discussed. In this regard it was agreed that it would be helpful to obtain information from the East Midlands Ambulance Service NHS Trust (EMAS) regarding data on the number of calls received by them from General Practices.

Action: MS to obtain the GP ambulance request figures from EMAS.

- *Planned Care: Referral to Treatment (RTT) 18 weeks standard*
The urgent care situation was having a notable impact on RTT, and this was being felt across the county. It was recognised that the issues with urgent and planned care required

broader conversations. The System Resilience Group and Urgent Care Board were being re-organised to carry out a system wide review, not limited to A&E, to include how delayed transfers of care impacted on the system.

Quality:

AJ provided a brief summary update for information.

- *Safe Staffing*

All three local NHS trusts had experienced difficulties filling shifts and recruiting staff. This issue will be monitored regularly and discussed at Clinical Quality Review Meetings.

It was noted that Ruth May, Chief Nurse for NHS England, had requested ward level information in terms of fill rate for nurses and care staff for the 20 wards at the bottom of the table across all regions. Northamptonshire had one ward with a 70% fill rate. The quality team had undertaken an unannounced visit to the ward the previous week with feedback provided to the trust on the same day. A full report would go to the trust, but in the meantime contact would be made by the Senior Quality Improvement Manager working with the trust. PB had raised concerns directly with the Director of Nursing, and requested a review of all wards with low fill rates.

- *Northampton General Hospital NHS Trust (NGH)*

The trust had reported two cases of MRSA bacteraemia in January 2015. An investigation had commenced and the outcome would be shared in future reports.

NGH had received formal notification from the Care Quality Commission that the warning notice issued by them following their inspection in January 2014 had been lifted. It was noted that the CQC had re-visited NGH in September 2014 to confirm this was the case, however, there had been a delay in formally removing the notice.

- *Brackley Cottage Hospital*

AJ confirmed that Brackley Cottage Hospital closed on 31 March 2015. All five permanent residents had been safely relocated to other providers.

Items for Approval / Ratification

8. Maternity Services Liaison Committee (MSLC) QC-15-29 **Terms of Reference**

RB presented the amended Terms of Reference (ToR) for the Maternity Services Liaison Committee (MSLC). The following was noted:

- Public Health representation had been added to the membership under item 4.3 Local Authority Representation.
- The Breast Feeding Strategy Group (BFSG) would report directly to the Early Help Forum (EHF) and provide a report in to the Quality Committee via the agreed reporting mechanisms.

Quality Committee members received and ratified the Maternity Services Liaison Committee ToR.

RB reported that Northamptonshire County Council (NCC) were proposing to rationalise the Children and Young People's Partnership Board (CYPPB) in to a new Early Help Forum (EHF). Following discussion concern was expressed regarding the proposal as members recalled that at the previous Quality Committee meeting the message had been clear that increasing breast feeding initiation rates in the county was a priority. Public health proposals would need to be received and considered before being agreed, and the Terms of Reference of the MSLC amended accordingly if approved.

Actions:

- **RB to ask the Chair of the MSLC to write to NCC and request a formal report regarding the future proposal for the BFGS.**
- **RB to attend the June meeting.**

It was noted that the future of the Children and Young People's Partnership Board was also under review. However, with a Section 10 Agreement in place regarding the pooled budget, agreement would be needed from all partners to the legal agreement in relation to any underspend.

A discussion ensued regarding the forthcoming transfer of commissioning responsibilities for health visiting to the local authority in October, and the significant concerns regarding capacity in this regard. This was a quality issue and Committee members requested the opportunity to discuss this with NHS England at the next meeting, with a view to ensuring a good quality services was provided in the future.

Actions:

- **PB to write to NHS England and invite a representative to attend the June Quality Committee meeting to discuss this.**
- **Agenda June 2015.**

RB left the meeting.

- 9. Countywide Patient Safety Forum Terms of Reference** **QC-15-30**
Quality Committee members received the Terms of Reference for the Countywide Patient Safety Forum for consideration, noting they had been updated to ensure their fitness for purpose. The Quality Committee ratified the Terms of Reference.

- 10. Quality Strategy on a page** **QC-15-31**
AJ introduced the Quality Strategy on a page which had been created following approval of the refreshed Quality Strategy at the February meeting. Quality Committee members approved the document.

Action: HS to arrange for the document to be published on the NHS Nene and NHS Corby Clinical Commissioning Groups (CCGs) website where the full Quality Strategy is located.

Fiona Pimm (FP) joined the meeting.

FP presented items 11, 15 and 19 concurrently (out of agenda sequence).

11. Strategy for the Prevention and Control of Infection and Communicable Disease 2014-2017 (annual review) QC-15-32

FP presented the updated Strategy, which had been updated to ensure the framework for the management of healthcare associated infections is sustained across NHS Nene and NHS Corby CCGs. It was noted that the key amendments to the Strategy related to:

- The changes to the CCG quality assurance arrangements, notably discussion of issues at Clinical Quality Review meetings.
- New national guidance for reporting and reviewing MRSA bacteraemia.
- New national guidance for reviewing Clostridium Difficile.

A strategy work plan progress update was provided for information. It was noted that all actions had commenced and progress was good, with some actions already completed.

Quality Committee members noted the progress to date, and approved the updated Strategy for the Prevention and Control of Infection and Communicable Disease 2014-2017, with a recommendation it be ratified by the Governing Bodies of NHS Nene and NHS Corby CCGs, prior to publication on their respective websites.

Action: HS to submit the Strategy to the NHS Nene and NHS Corby CCG Governing Bodies for ratification, and subsequently arrange for it to be published on their respective websites.

FP left the meeting.

12. Safeguarding Children and Adults at Risk Policy (annual review) QC-15-33

JB presented the policy which had been reviewed and updated to reflect key legislative changes and local arrangements for safeguarding children and adults in Northamptonshire.

Quality Committee members approved the updated Safeguarding Children and Adults at Risk Policy with a recommendation it be ratified by the Governing Bodies of NHS Nene and NHS Corby CCGs, prior to publication on their respective websites.

Action: HS to submit the Policy to the NHS Nene and NHS Corby CCG Governing Bodies for ratification, and subsequently arrange for it to be published on their respective websites.

Themed items for discussion: Clinical Effectiveness

Emma Clarke (EC) joined the meeting

13. Patient Experience Mid-Year Report 2014-2015 QC-15-34

EC presented the paper providing an overview of patient experience from our local providers of NHS care, and assurance that any identified concerns were being addressed with providers.

It was noted that the Friends and Family (F&F) test was well established in both acute hospitals in day cases and outpatients, and in A&E in Northampton General Hospital NHS Trust (NGH). A discussion ensued regarding the methods by which the F&F test was administered by NGH, particularly the 'mobile text method', and it was concluded that further clarity was required for people using this method that they would not be charged for doing so.

The quality team had undertaken visits to wards where concerns had been identified and provided support in the form of recommendations to help improve the patient experience. Progress would be monitored through the Clinical Quality Review Meetings. Work was ongoing with providers who did not offer the F&F test, to ensure patient experience was on their agenda.

The F&F test was now being used by primary care, although it was noted that results from GPs had not yet been published.

Committee members noted the contents of the interesting and informative report.

14. Dr Foster Mortality Summary Report QC-15-35

EC presented the paper outlining the Dr Foster services and tools that the CCGs had been able to access since late 2014. Dr Foster enabled assurance to be provided through various tools and access to data which had not previously been available to the CCGs. The report received by the Committee focussed primarily on mortality, but it was noted that different packages could enable more information for GPs, eg length of hospital stay, re-admission data, etc.

Accordingly, the quality team would be seeking support for concurrent finding later in the year from the NHS Corby CCG Executive Team and the NHS Nene CCG Board of Directors.

It was suggested that more emphasis on the performance data received from Dr Foster, would add value to the data already available.

Action: EC to ensure that the next Dr Foster demonstration is widely advertised across the CCGs and provide an update to the next meeting about other data that is available through Dr Foster, and the benefits this would bring.

EC left the meeting.

General Items for Discussion

15. St Andrew's Healthcare Care Quality Commission (CQC) Inspection Report QC-15-36

Note: this item was discussed out of agenda sequence, after item 11.

FP presented the paper, providing a brief summary of the Care Quality Commission (CQC) report following the inspection of St Andrew's Healthcare in relation to commissioned services provided by them in Northamptonshire. It was noted that St Andrew's Healthcare (SAH) also provided services on sites in Birmingham, Nottingham and Essex, all of which had been inspected by the CQC.

Northamptonshire services had been rated as 'good'. However, overall St Andrew's Healthcare had been given a rating of 'requires improvement'.

Quality Committee members noted the contents of the report.

David Knight (DK) joined the meeting.

16. Out of area provider assurance process QC-15-37

DK presented the paper on out of county provider assurance processes, to provide assurance to the Committee of the current arrangements for monitoring quality of care in out of county providers, and make recommendations to strengthen future monitoring arrangements. The following key points were highlighted:

- There was considerable spend on services purchased out of county.
- Responsibility for monitoring the quality of those services lies with the identified lead commissioning organisation.
- We ensure there are reciprocal arrangements for those out of county commissioners holding contracts with providers for whom NHS Nene and NHS Corby CCGs are lead commissioners.
- Exception reports on the quality of the services being provided would be submitted to the Quality Committee for information through the regular Quality and Performance Reports, should a significant incident or concern in relation to patients in Northamptonshire be identified.

Quality Committee members noted the contents of the report, and approved the recommendation to provide exception reports within the existing quality and performance reports.

Action: AJ and MS to incorporate exception reporting within the Quality and Performance Report as required.

DK left the meeting.

17. Safeguarding Adults Assurance Framework (SAAF) Report QC-15-38

JB presented the Safeguarding Adults Assurance Framework (SAAF) Report for information, briefly outlining the background to its local development following the formation of the CCGs in April 2013.

In 2014 the SAAF had been sent to all providers, including private hospitals, and a robust return had been received. The findings had been scrutinised and no surprises identified. Our main areas of concern were around mental capacity and Deprivation of Liberty Safeguards.

Each provider has a SAAF action plan, which was monitored monthly, providing assurance to the CCGs about the safeguarding activity of its providers.

18. Safeguarding Children: Section 11 Provider Audits QC-15-39

JB informed Committee members that Section 11 of the Children's Act 2004 placed a statutory duty on key persons and bodies to make arrangements to ensure that in discharging its functions, they have regard to the need to safeguard and promote the welfare of children.

As the authority with responsibility, this work was led by the Northamptonshire Children's Safeguarding Board (NSCB) in the form of an online Section 11 Audit (the Audit) completed by the providers; with the findings analysed by the NSCB. The Audit offered providers four

different levels of response for each question, and it was positive to see that not all providers had rated themselves as 'green'. Each provider had an action plan which was scrutinised by the Quality Assurance and Audit Committee of the NSCB, of which JB was the Chair.

The last Audit had been completed in September 2014, although it was noted several private providers had not been included. Following discussion, it was agreed that JB would send the Section 11 Audit to the outstanding providers, and the findings be reported to the Northamptonshire Health Strategic Safeguarding Forum. The next scheduled audit would take place in June 2016 and JB would advise the NSCB of the additional providers to be included, namely:

- Three Shires Hospital.
- Woodland Hospital.
- St Andrew's Healthcare.
- Out of Hours.
- Corby Urgent Care Centre.

Actions:

- **JB to submit the Section 11 Audit form immediately to the private providers listed above, and submit the findings to the Northamptonshire Health Strategic Safeguarding Forum for information.**
- **JB to inform the NSCB of the additional providers to be included in the next Section 11 Audit in June 2016.**

19. Review of Primary Care Quality Work Plan – March 2015

QC-15-40

Note: this item was discussed out of agenda sequence, after item 11.

The Quality Committee received the update on progress against the primary care quality work plan for information. It was noted that all four work streams (below) for the key outcomes had commenced and were on track for completion within the agreed timescales:

- a) Implementation of a Primary Care Quality Improvement Plan.
- b) Continuous Quality Improvement.
- c) Accreditation process is established.
- d) Primary Care nurses are supported to delivery safe clinical practice.

FP was working with NHS England and attending GP practice quality visits, the next wave of which would commence shortly. It was noted that all five practices in Corby had been visited, however, this would not be practical for all 69 Nene GP practices, given the resources available. Going forwards visits would need to be information led to ensure time spent visiting practices was risk focused.

It was noted that a policy and process for the accreditation of GPs with specialist interest and new primary care services had been developed and that a process to ensure accreditation was in place was underway.

It was acknowledged that as we moved into a new era of joint co-commissioning, discussions would be required regarding roles and responsibilities for the CCGs and NHS

England. Those discussions would provide clarity regarding the relationship and responsibilities the quality team would have with GP practices across the county going forwards.

It was suggested that a GP practice quality dashboard should be created to provide comparative information for the practices across the county.

Actions:

- **FP to submit a GP practice quality dashboard for approval at the June Quality Committee meeting.**
- **Agenda June 2015.**

- 20. Quality Committee Evaluation QC-15-41**
Quality Committee members and regular attendees were asked to complete the annual review of the Committee's effectiveness. Feedback would be anonymous and the findings, and any proposed actions arising therefrom, would be returned to the next meeting for agreement, prior to being submitted to the Audit and Risk Committees of NHS Nene and NHS Corby Clinical Commissioning Groups.
- Actions:**
- **HS to submit the summary of findings and any action plan arising therefrom to the June meeting for agreement.**
 - **HS to submit the summary of findings and agreed action plan to the NHS Nene CCG and NHS Corby CCG Audit and Risk Committees thereafter.**

Review of the current risks

- 21. Review of the current risks**
Following a review of the meeting it was agreed that the following risk would be added:
- **Quality Assurance in Primary Care - in terms of future provision. Action: AJ**

Items for Information

- 22. Clinical Quality Review Visits QC-15-42**
The paper was received and noted.
- 23. Clinical Quality Review Meeting Notes QC-15-43**
The notes were received and noted.
- 24. Inclusion and Equality Leadership Group Minutes dated 9 March 2015 (draft) QC-15-44**
Received and noted.
- 25. Countywide Patient Safety Forum minutes dated 5 March 2015 (draft) QC-15-45**
Received and noted.
- 26. Northamptonshire Health Strategic Safeguarding Forum minutes dated 18 February 2015 and 18 March 2015 (draft) QC-15-46**
QC-15-47
Received and noted.

- | | | |
|------------|--|-----------------|
| 27. | Northamptonshire Maternity Services Liaison Committee minutes dated 12 November 2014 (draft)
Received and noted. | QC-15-48 |
| 28. | Whole Health Economy Infection Control Committee minutes dated 29 January 2015
Received and noted. | QC-15-49 |
| 29. | Care Homes Board minutes dated 18 February 2015 (draft)
Received and noted. | QC-15-50 |
| 30. | Mortality Review Group minutes dated 26 February 2015 (draft)
Received and noted. | QC-15-51 |

Any Other Business

- 31. Any Other Business**
There was none.

Date of the next meeting:

- 32. Date of the next meeting:**
Tuesday 9 June 2015, 13:000 hrs to 16:30 hrs in the Board Room, Francis Crick House.

There being no further business the meeting closed at 16.00 hrs.