

Quality Committee

DRAFT MINUTES of the meeting held on Wednesday 15 June 2016

13:30 – 15:40 pm, Merseyway, Floor 7, Regent House

Present:

Anita Rolfe	Executive Nurse, NHS Stockport CCG (Chair)
Dr Cath Briggs	Clinical Director for Quality & Provider Management, NHS Stockport CCG
Dr James Higgins	Locality Chair, Heaton & Tame Valley
Jane Crombleholme	Lay Member, Chair of NHS Stockport CCG Governing Body
Sarah Williamson	Quality & Performance Lead, NHS Stockport CCG
Sue Carroll	Healthwatch Stockport
Sue Gaskell	Safeguarding Lead Nurse, NHS Stockport CCG

In attendance:

Dr Debbie Kendall	Secondary Care Lay Consultant
Ezmi Mulhearn	Planned Care Manager, NHS Stockport CCG
Gina Evans	Joint Commissioning Lead, NHS Stockport CCG
Gina Whitehead	Quality Assurance Manager, NHS Stockport CCG

Apologies:

Susan Parker	Allied Health Professional
Dr Vicci Owen-Smith	Clinical Director, Public Health

Minute Taker:

Alison Newton	Committee Support Officer, NHS Stockport CCG
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1. Apologies and declarations of interest
<p>1.1 Apologies were received from S Parker and Dr Owen-Smith and for late arrival from G Evans.</p> <p>A declaration of interest was noted for item 7.2 on the agenda: NHS 111 briefing. S Carroll explained that she is Chair of the Patient Engagement group for NHS 111 and also a member of the strategic group.</p>
2. Notification of items for Any Other Business
<p>2.1 There were no additional items presented for discussion.</p>
3. Items of Business
<p>3.1 Minutes from the previous meeting – 13 April 2016. The minutes of the meeting held</p>

on 13 April 2016 were approved as a correct record and would be signed by the Chair.

Dr Higgins clarified a point on page 5: He had requested the inclusion of some learning via a Masterclass on IBD (Inflammatory Bowel Disease) to increase the confidence of GPs in supporting patients to manage their condition and prevent admission to hospital.

3.2 Action log – update on progress:

Item 01/04/16 (13 April 16) Action Log: Action completed; G Evans had fed back the comments of the Committee regarding the Pennine Care Serious Incident Evaluation Panel. **Remove off log.**

Item 02/04/16 (13 April 16) IPR: Action completed; comments fed back to SFT (Stockport Foundation Trust) regarding patient feedback. **Remove off log.**

Item 03/04/16 (13 April 16) IPR: Dr Higgins had fed back comments to include IBD at a future Masterclass; this is likely to take place in November 2016 when the focus is on Quality. Dr Higgins added that a study day is being re-arranged on the topic, cancelled due to industrial action. Action completed. **Remove off log.**

Item 04/06/16 (13 April 16) Mental Health: Included in the report for item 5 on the agenda. Action completed. **Remove off log.**

Item 05/06/16 (13 April 16) Mental Health: Dr Higgins had contacted First House in Brinnington regarding using it as a base for service users and was advised it would not be one of the primary bases but it could act as a satellite base. Action completed. **Remove off log.**

3.3 Quality Review - Urgent Care: Members were referred to the report. S Williamson highlighted eight recommendations that came out of the meeting:

1. Working with NWSA regarding amending the current pathways
2. Support NWSA to gather evidence for the coroner that all children under 5 have to be transported to hospital is no longer necessary – the Chair would request the original notification from the coroner so that there is clarity on the reasoning behind the judgement
3. SFT – making wait times better from a patient experience perspective
4. SFT – provide more health promotion resources via Wi-Fi and information screens in the waiting room
5. Focused review on quality outcomes for those patients waiting over 8 hours
6. Focus on effective discharge and communication between organisations – this work is taking place through a number of mapping exercises
7. CCG to link with SFT to ensure incidents in ED have been reviewed – G Whitehead will work with SFT on this item
8. Data from all organisations should be shared regarding quality and outcomes in order to triangulate themes – S Williamson would pick up this work with M Fitton (SMBC)

A discussion ensued on the format of the quality review meetings. J Crombleholme suggested having an action plan or a separate meeting to reflect on the recommendations and enable

each organisation to take ownership of relevant actions.

S Williamson pointed out that inpatient delayed discharge had not been covered at the meeting. This work is being covered at SMBC (Stockport Metropolitan Borough Council) through discharge mapping exercises.

S Carroll informed the meeting that a sub-group of Healthwatch Stockport had undertaken a review of discharge from hospital; the report would be circulated to the group when it had been completed.

S Carroll questioned the process for feeding back the recommendations from these meetings for each individual organisation. It was acknowledged that it needs to be made clear who is responsible for each recommendation and that each organisation should be given the opportunity to respond. This comment would be considered for future quality review meetings.

The report would be circulated to all attendees and also Judith Morris (Director of Nursing and Midwifery, SFT) and Tyrone Roberts (Assistant Director of Nursing, SFT)

Action 01/06/16: A Newton to circulate urgent care report to all attendees; S Williamson to circulate to J Morris and T Roberts and ask them to align people to the actions

4. Stockport Foundation Trust (SFT)

4.1 CCQ Quality Dashboard – May 2016: S Williamson highlighted a number of areas within the dashboard:

- Work is taking place to review the complaints process;
- A & E performance remains challenging;
- KPIs – Stroke – there had been a dip below the target of 90% for stroke patients arriving at a designated stroke ward within four hours. This issue would be considered further at the next quality and performance meeting;
- Further information is being sought on the number of medical vacancies and the impact on the system, this is on the SRG issues log and will be discussed at the meeting.

Clarity was sought as to when the CCG is likely to be sighted on the recent CQC inspection report. The Chair reported that the final report should be completed by the end of June but any issues arising from the inspection would be discussed in more detail at a quality summit at the end of July, beginning of August. S Williamson commented that this item is included on the quality and performance agenda.

Serious incidents (six month review): E Mulhearn reported that the backlog of overdue reports is reducing. A discussion ensued on the process for undertaking these reviews. It was noted that there had been a change in reviewing SIs (Serious Incidents); review meetings now involve governance lead and other leads. Discussions are ongoing regarding developing strategies for vulnerable, confused or dementia patients who are risk of falls – Christine Gidley (SFT) is leading this project.

S Williamson pointed out that there is still an issue with outstanding actions which the CCG are monitoring and challenging and we would expect to see this position improve over time and especially on the next six month report.

J Crombleholme pointed out that there had been an improvement in nonadherence to process – a positive from the report.

It was noted that there is a process in place to review falls, delayed medication, and CDifficile for example.

S Gaskell questioned who is responsible for monitoring the outstanding actions. S Williamson acknowledged that this is still being considered in the review of processes. Dr Kendall commented that actions need to be specific rather than generalised to enable the person responsible for the action to be able to provide evidence. It was added that lessons learnt need to be more specific and measurable; this issue had been included for discussion at the quality and performance meeting.

Resolved: That the Committee

1. Note the contents of the dashboard.
2. Note the six month review of serious incidents and internal report

4.2 Points to note from Quality & Performance meeting: S Williamson highlighted the current areas of focus for the Quality and Performance Group:

- RTT
- Maternity
- New dashboard – currently in the process of identifying any gaps
- The CCG awaits a RCA (Root Cause Analysis) for an incident
- Staffing
- Update on serious incidents
- CQC inspection feedback
- 8 hour waits – clinical review in ED
- NICE compliance

The Chair brought forward item 6.1 on the agenda.

6. Patient Safety

6.1 Safeguarding Exception Report: S Gaskell reminded the Committee of their delegated responsibilities for safeguarding. This includes receiving assurance that the services commissioned by the CCG have the required systems in place for safeguarding children and vulnerable adults and the CCG is also compliant with the Assurance Framework 2015.

S Gaskell asked the meeting to note that there had been no assurance visits since April. Monitoring all contracts is a significant piece of work and would be ongoing over the next few months starting with the larger contracts. A number of larger contracts are due to return their self-assessments mid-June; outcomes from these self-assessments would be reported back at the next meeting. It was further noted that a request had been submitted to HMR (Heywood, Middleton and Rochdale) on the position of Pennine Care NHS FT.

G Evans joined the meeting (14:05 pm).

St Ann's Hospice: Assurance had been received that volunteers are receiving safeguarding training in line with government recommendations.

Serious Case Reviews: A report providing an update on the four SCRs (Serious Case Reviews) had been presented to Governing Body. The Chair pointed out that there are actions across all organisations arising from the review. S Carroll commented that elements of the reviews that impact on SMBC (Stockport Metropolitan Borough Council) would be discussed at Scrutiny Committee.

S Gaskell explained that single agency plans are in place but there needs to be a governance structure in place to oversee these plans. It was acknowledged that there is a gap in the governance structure for the transformation work but until a process is put in place, this Committee should have oversight of the action plans and all other relevant information regarding safeguarding compliance. J Crombleholme reported that discussions had commenced within the CCG involving Chairs of Committees to identify gaps in reporting.

S Gaskell advised the meeting that there is a new SCR starting in July and a DHR (Domestic Homicide Review) scoping panel was being held on 22 June 2106.

J Crombleholme questioned whether there had been an increase in incidents or a lowering of the threshold. S Gaskell explained that the new guidance states that a SCR should be undertaken for all incidents involving death or serious injury and acknowledged there had been a recent cluster of incidents. There had been seven DHRs since the guidance had been issued.

NHS England: The Governing Body had asked for a review of CCG compliance with the NHS Assurance and Accountability Framework for Safeguarding Vulnerable People 2015. It was noted that primary care assurance is currently discussed at the Primary Care Quality Committee. S Gaskell pointed out that the CCG is not compliant in safeguarding capacity in line with national guidance and this would impact on its task to gain assurance on all of the contracts; there are 2.5 fte nurses in post, 5 hours GP support and 32 hours in administration.

A discussion ensued on risk. It was noted that there is currently no action plan for movement off the rag ratings from red to green; S Gaskell would submit an action plan with the papers for the next meeting. S Gaskell reported that she would be meeting with NHS England on 12 July 2016 to be advised on the rag rating for the CCG. It was further noted that any risks presented to the Committee are included on the corporate risk register. The Committee would be updated at each meeting on any changes to the rag rating.

S Gaskell highlighted that there is an additional NHS England benchmarking tool for LAC (Looked after Children) and an action plan. The audit is positive for the CCG in comparison with other areas as there has been dedicated resource put in place. J Crombleholme commented that Stockport is a high importer for LAC and should aspire to be highly rag rated in this area. S Gaskell responded that the Designated Nurse for LAC would produce an action plan following this self-assessment exercise; the action plan would be circulated for discussion at a future meeting.

Care Homes: It was noted that two care homes remain closed to admission placing pressure in the system. It was further noted that NHS England are coordinating a GM (Greater Manchester) approach to address the care home crisis; Stockport Together are also involved

in this work.

The Chair reported that she was due to meet with the Directors from one of the homes along with Vince Fraga (SMBC) and a quality surveillance group had been instigated.

NHS England Quality Surveillance Group: The Chair added that she attends quality surveillance meetings and at the last meeting the Provider Dashboard was discussed and the Primary Care Toolkit. It was highlighted that the dashboard is not standardised therefore should be treated with caution. Further clarity is being sought on the Primary Care Toolkit regarding the CCGs role with ensuring GPs are compliant.

The Chair thanked S Gaskell for a comprehensive report.

RESOLVED: That the Committee:

1. Note the Safeguarding update provide within the Report.

The Chair referred back to item 5 on the agenda.

5. Mental Health

5.1a Quality & Performance reports on Mental Health – key issues: G Evans referred to the report and highlighted a number of key points:

IAPTs (Improving Access to Psychological Therapies) – the prevalence target had been achieved but the target for recovery had not been reached despite progress. It was pointed out that Healthy Minds (Pennine Care) has the best prevalence rates but less improved recovery rates and it was questioned whether this is because they are seeing too many patients.

G Evans explained that Healthy Minds is a much larger service and is responsible for delivering step 2 and step 3 interventions involving more complex patients. It was further noted that Beacon Counselling is new to IAPTs; its prevalence rate had improved with 50% recovery. In response to a question, G Evans advised that Beacon do have a central location (Greek Street) as well as a base in the Cheadle/Bramhall area. It was further noted that all IAPTs are self-referral now.

CCG position - waiting times: End of quarter 4 this was 70% against a 75% target for the percentage of patients who completed treatment who waited 6 weeks or less and 90% against a target of 95% for the percentage of patients who completed treatment who waited 18 weeks or less. In response to a question, G Evans reported that these targets cover the end of the 15/16 reporting period.

G Evans advised that she meets with Pennine Care twice a month and reminded the meeting this is a large service and is having to deal with a significant increase in referrals as well as dealing with a backlog of cases. There has been an investment in senior managers' time to support the improvement needed for IAPT waiting time targets.

IAPT is delivered in the following ways: face to face 64%; Group Therapy 21.5% and e-Therapy 14.5%.

There had been one STEIS (Strategic Executive Information System) reported in March related to Stockport CCG - an infection prevention control and ward closure.

The Chair requested information on the total number of low level incidents for Stockport and for the totality of Pennine Care as well as the number of serious incidents reported by Pennine Care for the whole organisation to provide contextual information for the Committee to consider.

The response rate for Friends and Family Test (FFT) remains low for outpatients and community mental health teams. A discussion ensued on the issue and on what processes could be put in place to increase participation. It was acknowledged that there had been significant changes in the service, notably with a reduction of administration support. Added to this, it needed to be recognised that this is a huge organisation spread over a number of sites and the allocation of resources is locality based.

G Evans highlighted that a CQC inspection is currently underway at Pennine Care; inspectors had spent two weeks in the community and would be undertaking unannounced visits to some of the units. A focus group has been arranged with both CQC inspectors and commissioners.

The Chair questioned whether Pennine Care had prepared a report in response to the recommendations contained within the *Mazars Report* and was advised that a paper had been submitted to their Board. The Chair requested that this report be circulated to the Committee for the next meeting.

There had been no changes in the number of out of area patients since the previous meeting. G Evans advised that all patients have care coordinators and are regularly reviewed at Stockport and Pennine Care Performance and Partnership meeting. It was recognised that whilst there are a low number of patients, the placements need to be managed well.

Resolved: That the Committee

1. Note the progress on national key performance and key quality themes.

5.2 LD/Assuring Transformation Report:

5.3 Quality Surveillance Group – independent hospital for people with learning disabilities and mental health:

Members were referred to two reports and asked to note that there is a single item quality surveillance for one of the providers. A meeting had been commissioned by NHS England to discuss concerns raised about an independent hospital for people with learning disabilities and mental health. The Chair and G Evans attended the meeting along with CQC and Manchester City Council Safeguarding Team. Stockport CCG had spot purchased rehabilitation placements for two patients, one had been discharged in March but this would be a lengthy transition; another remains as in in-patient. G Evans briefed the meeting on a summary of the findings.

J Crombleholme questioned whether the patient is safe in this placement. G Evans confirmed that the patient is safe. A care and treatment review had taken place over a full day, which involved the client's care coordinator, the patient, an independent external expert by experience and a clinical expert. As part of the review the main issue that the patient had

raised was boredom. A discussion ensued on this issue. Members agreed that the lead commissioner needed to be identified and this issue monitored so that the patient sees some improvement as the CCG is paying a significant amount of money for this person to be placed at this provider. G Evans acknowledged these comments and advised that discussions are ongoing as to who the lead commissioner is (not Stockport).

J Crombleholme withdrew from the meeting (14:52 pm).

Resolved: That the Committee

1. Note the report.

The Chair thanked G Evans for her updates.

Action 02/06/16: G Evans to provide information on the total number of low level incidents for Stockport and for the totality for Pennine Care Contract, including serious incidents

Action 03/06/16: G Evans to circulate Pennine Care's response to the recommendations arising from the Mazars Report

6. Patient Safety

6.1 Safeguarding Exception Report: As covered earlier on the agenda.

6.2 Safeguarding Self-Assurance Report: As covered earlier on the agenda; an action plan would be circulated to the Committee at a later meeting.

RESOLVED: That the Committee:

1. Note the Safeguarding update provide within the Report.

G Evans left the meeting (14:55 pm).

6.2 Harm Free Care – Patient Safety Exception Report: S Williamson briefed the meeting on the key areas within the report:

- Falls – mapping work is taking place;
- VTE – there had been a big spike in VTE but the numbers for hospital acquired is low. Members noted the thrombosis minutes circulated with the papers;
- CDifficile – SFT had reported 10 lapses of care against a trajectory of 17; year-end figures were over trajectory for number of cases but below for those associated with lapses of care. It is the same trajectory for 2016/17: 17 for lapses of care in the acute and 69 cases for community
- MRSA – none reported.

J Crombleholme re-joined the meeting (14:56 pm).

Resolved: That the Committee:

1. Note the Patient Safety Report.

7. Patient Experience

7.1 Q4 2015-16 Patient Experience Report: S Williamson advised that the 2016/17 walk round programme is being developed and sought questions from the Committee on the report.

Members discussed the data and noted a slight fall in response rates for A & E and also that the rise in negative responses may be due to longer waits. It was recognised that whilst patients may be satisfied with their treatment a long wait would impact on patient experience. A review of all the comments would take place to determine whether there is a common theme impacting on patient experience in A & E. The urgent care system remains an ongoing area of discussion for all organisations.

7.2 NHS 111 System Update briefing: Members were reminded of the issues that arose When NHS 111 was implemented in November 2015 including time to answer calls. Blackpool is the lead commissioners for this service.

S Williamson reported that there had been significant improvements in performance. The CCG receives monthly updates and performance is tracked through Stockport SRG (Systems Resilience Group). It was also noted that Dr Woodworth is on the Quality Group for NHS 111 and would highlight any risks when appropriate.

Clarification was sought on numbers recruited to – 177. S Carroll advised that this figure refers to heads as opposed to fte (full time equivalent) and reported that there had been an improvement due to two options being provided to enable non-urgent calls to be diverted. The conversion rate for patients accessing NHS 111 and transferred to 999 are in line with national averages.

Dr Briggs highlighted that prior to the implementation of NHS 111, GPs were able to view numbers that rang the surgery and then rang Mastercall (out of hours) after the switch-over (after 18:00 pm) but GPs are unable to view this information now. It was recognised that some patients would contact Mastercall if they could not get a GP appointment the same day or wanted a second opinion.

S Carroll highlighted that the DOS (Directory of Services) needs updating regularly and this has an impact on the number of 111 calls (such as opening hours of GP surgeries or pharmacies).

8. Clinical Effectiveness

8.1 Nice Guidance – Compliance Report (SFT): Members noted that SFT compliance for NICE guidance was previously reviewed at CPC (Clinical Policy Committee) but this group had now disbanded. S Williamson referred to the current position statement from SFT regarding NICE compliance, notably TAs (Technical Assessments). Members were asked to note that there had been a change in processes and the Trust had assured the CCG that the backlog is being worked on, however, progress had not been seen. It was further noted that any risks would be discussed at a Clinical Governance meeting.

Members expressed their disappointment that guidance had not been assessed and reported

despite some dispensation being given to SFT. The Chair requested a copy of this dispensation letter. The Chair would raise the issue with Judith Morris (SFT).

Resolved:

1. To add NICE compliance to the issues log, rated amber

8.2 AQUA Quarterly Mortality Report – April 2016: There had been no change in position since the previous meeting. There has been a sustainable improved position with regards to R coding.

Action 04/06/16: S Williamson to send the Chair a copy of the dispensation letter regarding NICE compliance

9. Issue Log

9.1 Issues Log:

Issue 1 St Ann's Hospice – safeguarding. It had been noted earlier in the meeting that training for volunteers had commenced. It was agreed to remove this issue from the log. **Remove off log.**

Issue 2: District Nurse Service. There remained a shortfall in staffing within the District Nurse Service. Discussions are ongoing regarding this issue. **Remain on log.**

Issue 3: Timely follow-up in gastroenterology. A discussion ensued on this item; the Chair highlighted that this item had been on the log for a long time. It was noted that the issue had commenced with Ophthalmology and Cardiology; Gastroenterology had been added. There had been improvements within the Ophthalmology and Cardiology services and these items had subsequently been removed from the issue log.

S Williamson explained that Gastroenterology is tracked at Quality and Performance meetings and that a development plan is being produced to address the issue of OWLs (outpatient waiting lists) backlog.

Dr Briggs briefed the meeting on the rapid testing programme – this involves reviewing all gastroenterology follow-ups and removing those patients that were well and did not require a follow-up appointment – to enable SFT to manage the flow of patients at the clinic. It was noted that Dr Karen McEwan had undertaken a validation of lists but processes had not changed. It was further noted that a new consultant is due to start in September 2016.

A performance notice had been issued previously but this had included Ophthalmology, chest, medicine and Cardiology (achieved); Gastroenterology follow-ups remain an area of focus. It was added that IBD would also be a focus (as reported under item 3.2). **Remain on log. Defer to 10 August 2016 deadline.**

Issue 4: PREVENT training at SFT. S Gaskell reported that SFT had reviewed the plan and revised the trajectory. Progress had been made but due to the new requirement of the national registration process there would be delays; this is out of the control of SFT. It was agreed that this item remain on the log as amber. **Remain on log. Defer to 10 August 2016 deadline.**

J Crombleholme withdrew from the meeting (15:30 pm).

Issue 5: RTT backlog. There had been a slight improvement to the RTT backlog to date but the overall position remains a concern; this item would remain as red until the CCG receives the plan for addressing the backlog. **Remain on log. Defer to 10 August 2016 deadline.**

J Crombleholme re-joined the meeting (15:33 pm).

RESOLVED: That the Committee:

1. Note the updates to the Issues Log including the addition of NICE compliance
2. Agree that when the deadline for removing any item on the issue log is deferred that it is clearly shown on the paper and when the deadline for an issue has been deferred three times, the issue will get escalated within the CCG

10. Any Other Business

10.1 Quality Review meeting: Quality in localities (13 July 2016): Members noted that the focus of the next Quality Review meeting would be on Quality in localities.

It was agreed that until neighbourhood teams are fully embedded, this item should be deferred. It was further noted that the next review meeting would be September and the focus would be on quality in care homes. Members considered hosting a session on quality and what it means from a commissioning perspective. Invites would be sent out for relevant CCG staff and SMBC staff.

Resolved: That the Committee

1. Change the focus for the next planned Quality Review meeting to be held on 13 July 2016 to 'Quality – what does it mean, from a commissioning perspective'.

9.2 Any further items to be added to the Issues Log: NICE compliance (SFT).

Meeting Governance

10. Date, time and venue of next meeting:

Wednesday 10 August 2016
13:30 – 16:00
Merseyway (Board Room), floor 7, Regent House