

Quality Committee

MINUTES of the meeting held on Wednesday 10 August 2016

13:30 – 15:30 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
Sarah Williamson	Quality & Performance Lead, NHS Stockport CCG
Sue Carroll	Healthwatch Stockport
Susan Parker	Allied Health Professional
Dr Vicci Owen-Smith	Clinical Director, Public Health

In attendance:

Andria Walton	Designated Nurse for Safeguarding Vulnerable Adults, NHS Stockport CCG (for S Gaskell)
Dr Debbie Kendall	Secondary Care Lay Consultant
Ezmi Mulhearn	Planned Care Manager, NHS Stockport CCG
Gina Whitehead	Quality Assurance Manager, NHS Stockport CCG

Apologies:

Gina Evans	Joint Commissioning Lead, NHS Stockport CCG
Jane Crombleholme	Lay Member, Chair of NHS Stockport CCG Governing Body
Sue Gaskell	Safeguarding Lead Nurse, NHS Stockport CCG

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 G Evans, J Crombleholme and S Gaskell and for late arrival from Dr Briggs and Dr Owen-Smith.</p> <p>There were no declarations of interest.</p>
2. Notification of items for Any Other Business
<p>2.1 There were no additional items presented for discussion.</p>
3. Terms of Reference

3. Terms of Reference: Members were referred to a copy of the Terms of Reference (ToR). The Chair advised that in considering the Quality Committee acting as a quality commissioning review group for the Integrated budget, it would be prudent to review the ToR for the Committee to ensure that quality assurance of all elements of the system are covered, including primary care, acute care, care homes and LA (Local Authority) provision.

The Chair highlighted the proposed additions to the membership of the Committee to include the Director of General Practice Development and a commissioner representative from SMBC – this followed discussions at the previous Quality Review meeting held on 13 July 2016.

The Chair proposed adding the following amendments to the remit and responsibility of the Committee:

- The Committee will operate a work plan that is flexible to new and emerging priorities **including the guidance of the emerging quality oversight of the new arrangements for Stockport Together** and to threats to optimum service delivery and quality / services.
- To focus on quality and risk issues...**This will also include ensuring there is quality oversight of primary care provision.**
- **To focus on the quality of the CCG structure and processes such as Safeguarding and Continuing and Complex Health Care to ensure that appropriate challenge is made to enable continuous improvement and avoid complacency.**

A discussion ensued on the ToRs for the Committee. Additional observations were added:

- There needs to be a mental health lead and/or quality commissioning lead
- Clarification is required whether the Committee is accountable to the CCGs Governing Body and/or the Joint Commissioning Board
- Attendance – due to a move to bi-monthly meetings, the requirement to attend 5 meetings needs to be amended to state 4 formal meetings throughout the year
- The responsibilities need to include the requirement to ask a named substitute to attend
- There are only two GPs on the Committee, is this sufficient?

The Chair thanked members for these comments and requested that any further comments be submitted to her prior to the next formal meeting in October. The revised ToR would be presented at the October meeting and then forwarded to the Governing Body for approval.

4. Items of Business

4.1 Minutes from the previous meeting – 15 June 2016. The minutes of the meeting held on 15 June 2016 were approved as a correct record and would be signed by the Chair.

4.2 Action log – update on progress:

Action 01/06/16 Items of Business: Urgent Care Report circulated; action completed. **Remove off log.**

Action 02/06/16 Mental Health: Information had been submitted as part of the report for item

6.1 on the agenda. Action completed. **Remove off log.**

Action 03/06/16 Mental Health: Information submitted as part of item 6.1 on the agenda. Action closed. **Remove off log.**

Action 04/06/16 Clinical Effectiveness: S Williamson had sent a copy of the letter regarding NICE compliance to the Chair. Action completed. **Remove off log.**

4.3 Quality Review: The purpose of the Quality Review meeting held on 13 July 2016 had been to provide an overview on quality within the economy and how the quality, performance and contract teams analyse different data sets and triangulate that data to identify any issues that need to be escalated to the Quality Committee.

Dr Higgins joined the meeting (13:38 pm).

A discussion ensued on the Committee's accountability for monitoring quality at providers including those included within the integrated budget and also to seek assurance that safeguarding systems and processes are in place.

It was noted that processes for monitoring quality differ in comparison to SMBC and whilst there is a quality team at SMBC they do not have an assurance framework similar to the CCG. The LA undertakes an annual visit to care providers but this information is not received at the CCG. A Walton pointed out that as part of the Stockport Together programme, a new model is being developed for care homes and this includes joint working between the CCG and the LA.

A discussion ensued on the expectations on what a new framework for monitoring quality would look like, recognising that commissioners and providers will have different baseline criteria.

The Chair questioned whether the CQC would do a routine visit for Learning Disabilities (LD) for example. A Walton advised that she is not aware of this taking place as part of a routine visit but she had asked Stockport Safeguarding Board to quality assure social workers as part of safeguarding assurance. It was acknowledged that there are a number of challenges to receiving information from local providers as each organisation works to different timescales but a set of standards should be available across the health economy that everyone works towards.

It was recommended that the Quality Committee should review quality assurance data for the wider providers within the context of integrated budgets and that the workplan and agenda should be amended to take on the changes recommended.

Resolved: To receive the report on Quality and note the recommendations; the membership of the Committee would be extended and the agenda would include an item on primary care.

The Chair reported that she will be attending a workshop with the LA the following week and requested that this paper be shared at the meeting. Members agreed that this would be a useful document to share.

5. Stockport Foundation Trust (SFT)

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

- A&E four hour target: there had been a slight improvement in performance;
- There would be a RCA (Root Cause Analysis) for those breaches in RTT (referral to treatment) over 52 weeks – to follow;
- Performance notices had been issued for outpatients waiting list and ED – these items are monitored at SRG (Systems Resilience Group) meetings
- Complaints – there had been significant improvements in reporting due to a change in processes;
- Serious incident investigations – it was highlighted these are not a true reflection of figures due to the work taking place to reduce the backlog.

5.1.1 Serious incident review: G Whitehead provided an overview of serious incidents. A discussion ensued on the timeliness of reports. It was noted that training is being rolled out and would continue to be monitored at the Trust. S Parker highlighted the importance of including measurable actions within these reports.

It was pointed out that some of the reports had not been received by the CCG and when this had been followed up it was noted that there is an issue with the nhs level 1 server at the Trust. Due to the introduction of nhsmail2, it had become apparent that the old server could not meet the needs of IT going forward. The Chair questioned what the Trust is doing to manage the risk and was informed that it is on their risk register. The Chair would bring up this issue at a Board to Board meeting as there is a risk in staff not using nhsmail (secure network) and relying on the internal network to send reports.

Dr Owen-Smith joined the meeting (13:52 pm).

5.1.2 Toft review summary: The Chair referred to the summary document. The Trust had appointed Professor Toft to undertake an external review of seven 'never events' that had occurred between December 2012 and July 2015 and concluded that only one of these seven serious incidents should have been classified as a 'never event'.

A discussion took place on what the exact definition of a 'never event' is; the Chair is seeking clarification from NHS England on this matter as it would help the staff when coding an incident.

S Williamson reported that a robust action plan had been put in place since this external review, to include all the recommendations from the report and this included training for staff on completing RCA. Members commented that it is important that this action plan is tracked to ensure the recommendations are embedded in systems.

5.1.3 Cluster review of treatment delays within SFT: G Whitehead explained that there is a move towards a 'cluster review' process for managing quality assurance. Monthly meetings are held regarding safeguarding assurance processes in order to identify key themes and trends. One theme that had been identified was treatment / diagnostic delays and when a review of incidents was undertaken, a number of mitigating factors were highlighted including communication, escalation, transfer of patients between departments, ownership of patients and appointment systems. G Whitehead pointed out that there were lots of requests from

nursing staff on the ibleep system – to request a medical review from a doctor but as nurses were very busy sometimes a request was not escalated.

The learning from this review, that would be rolled out over the course of the year and into 2017 included developing robust standards for the safe and high quality transfer of information about diagnostic tests and results. Nurses attending inquests had been built into staff training and there would be training for staff when a patient is moved from one department to another – different terminology is used in various departments. The locum induction pack is also being reviewed to support transfer between departments.

G Whitehead explained that this cluster review process has just started but these themes would be reviewed later in the year, including communication on the transfer of patients.

A discussion ensued on the induction process for new staff; it was pointed out that new doctors and nurses on substantive contracts have a longer induction process. Dr Higgins commented out that it would not be practical to have a formal induction for a locum that is on a short term contract due to time constraints.

S Parker questioned whether all hospitals have standard policies adapted locally and was advised there should be standard policies in place but it would be a local process for referring and booking patients.

The Chair asked if the review included consideration of the consequence to the patient for a delay in treatment. G Whitehead responded that this had been considered, with a recommendation for greater involvement of patients and relatives in the reporting process.

E Mulhearn informed the meeting that a process is underway for tracking incidents in ED; recommendations would be reported back to the Committee when appropriate.

Resolved: That the Committee

1. Note the contents of the dashboard.
2. Note the review of serious incidents
3. Note the Toft review summary
4. Note the Cluster review of treatment delays within SFT

The Chair reported that the CQC inspection report for Stockport NHS Foundation Trust would be published the following day and encouraged the Committee to read the report. The Chair reminded members that this report is from January 2016 and to expect visible progress in areas identified in the report. The Trust and CCG had identified areas of improvement prior to the inspection and this had been validated in the recommendations.

5.2 AOS QTS review: E Mulhearn briefed the Committee on the outcome of a Peer Review in Stockport Acute Oncology Service (AOS) carried out by the Quality Surveillance Team. Two immediate risks had been identified:

- Cancer of Unknown Primary – the Trust has responded with an explanation of the process;
- Acute Oncology Service – a single-handed consultant orthopaedic surgeon, part of a

MDT (Multi-Disciplinary Team)

The Trust had responded to the identified risks with plans and actions and had challenged one of the risks identified. Both risks had been included on the Trust's risk register. The Trust awaited a response to their queries. E Mulhearn explained that on receipt of the response, the CCG can monitor the action plan.

The Chair asked if any of the serious incidents were attributed to cancer and was told 'no', cancer services were not included.

Action 01/08/16: A Rolfe to raise the issue of staff from the Trust sending reports using internal emails addresses at a Board to Board meeting

Action 02/08/16: A Rolfe to update the Committee on the response from NHS England on what a 'never event' should be classified as

6. Mental Health

6.1 Quality & Performance reports on Mental Health – key issues: The Chair referred to the report and pointed out that it provided a summary of figures for low level incidents for Stockport and for the Pennine Care contract (action 02/06/16); there were no issues for the Committee to follow up on.

It was noted that G Whitehead now attends serious review meetings and in time would be able to report back on themes and trends from the Trust and Pennine Care.

The Committee noted that there had been some issues regarding underperformance of recovery rates for quarter 1 for IAPTs (Increasing Access to Psychological Therapies); staff vacancies and absence had contributed to this. The service is back to full complement.

It was also noted that there had been an issue for waiting times for the Healthy Minds Service but on analysis, it indicated that there had been a disproportionate number of complex cases during this period. The Committee questioned whether there is an issue of over-achieving due to the high prevalence rates; the Service is trying to see too many patients. The report stated that the clinical lead would carry out further analysis to consider issues affecting recovery rates.

6.1.1 Risk Department Assurance Report – Pennine Care NHS Foundation Trust: The Committee discussed the paper in response to the Mazars review of Southern Health NHS Foundation Trust. In response to a query at a previous meeting regarding membership, it was noted that the organisation has established a Learning Disability (LD) and Mortality Review Group. It was noted that there is no national benchmark figure for conversion rate to incidents.

The Chair highlighted that ten unexpected deaths had been put forward for additional scrutiny and requested that the outcome of this analysis is included in a future report to the Committee.

Resolved: That the Committee

1. Note the progress on national key performance and key quality themes.
2. Note Pennine Care NHS Foundation Trust's response to Mazars review of Southern

Health NHS Foundation Trust.

Dr Briggs joined the meeting (14:30 pm).

6.2 Transforming Care for People with Learning Disabilities: The Committee considered the report, providing an update on LD clients in hospital settings. All clients were on track apart from client 6, (commissioned by NHS England secure services) further clarification is being sought.

Resolved: That the Committee

1. Note the report.

7. Patient Safety

7.1 Safeguarding Exception Report: A Walton highlighted some of the main issues contained within the report:

- There had been a significant number of assurance visits; this remains a challenge due to capacity in the team. Safeguarding assurance had been received for the Trust, BMI, St Ann's, Priory Cheadle Royal and Beechwood Cancer Care; further clarification is sought from Pennine Care NHS FT. Action plans are in place.
- Safeguarding self-assessments had been sent out to independent hospitals and care homes; the outcome of these assessments would be reported back later in the year.
- Dr J Higgins is developing an assurance tool for GPs.
- Funding is being sought from NHS England for a band 7 part-week as a 12-month secondment to support safeguarding in primary care.
- The NHS England audit highlighted three amber ratings regarding the wording in whistleblowing policies, serious incidents and allegations – these policies are owned by GM (Greater Manchester) Shared Services.
- The NHS England GP Model is rated as amber; this is being progressed.
- There had been no red ratings on the CCGs self-audit of safeguarding; the CCG awaits the rag rating from NHS England.
- LAC (Looked After Children) benchmark – an action plan will be submitted to the LAC Board. Robust action plans are in place for 7 of the 11 amber ratings; some of these actions are outside the CCG.
- The Committee was updated on the outcome of the four DVHRs (Domestic Violence Homicide Reviews and SCRs (Serious Case Reviews)); the actions for the CCG had been completed for those reports that had been published. The Committee noted the four actions from the coroner arising from one of the DVHRs; a discussion ensued on these actions.
- Two care homes with nursing remain suspended for new admissions; notification had also been received on the closure of another residential care home in Stockport (29 beds). The Committee noted the increasing pressures and challenges facing the care home market. One of the two homes had a new provider – New Horizons.

7.1.1 Stockport Safeguarding Adults Board Strategic Plan – April 2016 – March 2017: The Chair referred to the Strategic Plan (circulated with the papers). The Committee noted the report.

Resolved: That the Committee:

1. Note the Safeguarding Exception Report.
2. Note the Stockport Safeguarding Adults Board Strategic Plan.

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

- There had been no major issues to report since the previous meeting;
- The date for PU's (Pressure Ulcers) and Falls prevalence remains variable; these issues would be picked up during meetings with the Trust;
- The HCAI (Healthcare Associated Infections) report indicates that CDiff numbers are on track;
- There had been three incidents of MRSA in the community; the CCG awaited the RCA's. It was noted that these incidents involved complex patients involving multi-agencies.

A Walton reported that the CCG had received the CQUINs back from care homes with nursing and a number of common themes emerged: Falls, PU's, Hydration and UTIs. These issues had been covered in steering groups. In response to a question, A Walton responded that District Nursing should pick up issues arising from care homes and report back to the Trust.

Resolved: That the Committee:

1. Note the Patient Safety Report.

7.3 Proposed walkround schedule: Members were referred to the proposed schedule for walkrounds for 2016/17. G Whitehead added that this a draft schedule and invited suggestions for walkrounds; the schedule would include a GP visit. The Chair would be involved in all the walkrounds. It was agreed that ED at the Trust should be added to the schedule.

Resolved: That the Committee note the walkround schedule; this would be reviewed following a review of the CQC report.

8. Patient Experience

7.4 Summary of national cancer report: G Whitehead provided an overview of the published patient experience cancer report; this related to responses received from 2015.

It was noted that the CCG was out of range on three questions: having a family member with them when they were told they had cancer, being able to discuss worries or fears with staff and doctors having the correct notes.

G Whitehead explained that the results were variable for different tumour groups; Stockport is not an outlier for worst or best scores.

Dr Owen-Smith questioned whether the Committee is assured that these issues are being addressed. Dr Briggs explained that whilst these are Stockport patients, other providers are

involved and it can involve very complex cases involving numerous co-morbidities; these issues are covered at Cancer Board.

Dr Briggs highlighted the issue of patient expectations of support from the GP and pointed out that a lot of cancer treatment takes place without GP involvement and asked that this issue be considered at a future Cancer Board meeting. Dr Briggs added that any feedback from this discussion could be taken back to practices.

Action 03/08/16: A Newton to email the Chair of Cancer Board to request that GP involvement in cancer treatment is considered at a future Cancer Board meeting

9. Clinical Effectiveness

9.1 Nice Guidance – Compliance Report (SFT): S Williamson referred to the Trust's compliance report for NICE guidance and sought comments from the Committee. This report would be tracked against the CQC report when it is published. Dr Owen-Smith asked that each item be considered so that the Committee can be assured that there are no clinical risks:

The Committee considered each item on the report. G Whitehead noted those areas that required further clarification or a progress report.

The Committee was asked to note that some of these assessments were not due until three months from the published date. Updates would be sought for those areas that had been highlighted and reported back at the October meeting.

Resolved:

1. To note the Compliance Report and the updates required to a number of the items.

9.2 Stroke review action plan: A Quality Review meeting had been held earlier in March 2016 with a focus on Stroke; following this meeting an action plan had been developed. Discussions had commenced on the prevention of AF (Atrial Fibrillation). A Business Case had also been completed and presented to SRG for an integrated ESD (Early Supported Discharge) and Rehab team. The utilisation of the Stroke pathway is almost complete. A patient story had been sourced and shared at Governing Body. The Stroke Association continued to support the CCG in collecting patient experience surveys.

E Mulhearn explained that a review of KPI's had taken place; the majority had been completed apart from the prevention side.

Resolved: To note the update to the Stroke action plan.

9.3 Urgent Care quality review action plan: A Quality Review meeting had been held in May 2016 on Urgent Care. The Committee discussed the action plan that had been produced following this meeting. Discussions had started with NWS regarding changing the current pathway to deflect the patients with chronic conditions to a more suitable service. It was noted that this work is part of the wider Urgent Care plan that is being tracked through SRG over the next six months.

The Chair reported that she had emailed the Director of Nursing at NWS to seek clarification

on a coroner's ruling that all children under five years still have to be transported to hospital – this issue would be picked up in the Clinical Hub.

The action plan had been sent to the Director and Deputy Director of Nursing at the Trust.

Urgent Care is discussed at Quality and Performance meetings as well as SRG. An incident review process in ED has been completed.

It had been agreed at the Quality Review meeting that data should be shared across all organisations to triangulate themes or issues.

Resolved: To note the update to the Urgent Care action plan.

10. Issue Log

10.1 Issues Log: The Chair sought an update on the progress of issues on the log.

Issue 1: District Nurse Service. There remained a shortfall in staffing within the District Nurse Service; discussions are ongoing on how to address this issue. The Committee noted that this issue is likely to be included within the CQC inspection report. **Remain on log.**

Issue 2: Timely follow-up in gastroenterology. This issue is included within the recovery plan, tracked at SRG meetings. Gastroenterology is part of the rapid testing work taking place within the Elective Care programme and includes managing follow-ups for those that require them. It was noted that there had been staffing changes in this department. **Remain on log.**

Issue 3: PREVENT training at SFT. A Walton reported that there had been significant improvements in Prevent training; more trainers had been trained. The Trust is on trajectory for this issue. A Walton would obtain updated figures at the end of the meeting. It was agreed that subject to this data being positive, this issue should be removed off the log. **Remain on log.**

Issue 4: RTT backlog. It was noted that there had been a slight improvement to the RTT backlog, but it is not on line with the trajectory. It was agreed to change the rating for this issue to amber as recovery plans had been received and discussed at SRG and an understanding of the issues had been obtained.

It was highlighted that the GP to GP consultation had impacted on OWLs (outpatient waiting lists). Dr Briggs reported that a piece of work is currently underway to address this issue. In response to a further question, Dr Briggs stated that Consultant Connect is not in place yet for this item but it could be given further consideration at a later date. **Remain on log.**

Issue 5: NICE compliance. The Committee had reviewed the compliance report (item 9.1) but as there remained a number of areas where further clarification was sought, this item would remain on the log as amber. **Remain on log.**

RESOLVED: That the Committee:

1. Note the updates to the Issues Log.

11. Any Other Business
11.1 Quality Review meeting: Quality in care homes (14 September 2016): Members noted that the focus of the next Quality Review meeting would be on Quality in care homes but that the date is likely to change due to a clash with a NHS England meeting.
11.2 Any further items to be added to the Issues Log: Robustness of the Toft investigation – to be considered.
11.3 Nurse Revalidation Procedure: The Chair drew the Committee’s attention to the Nurse Revalidation Procedure and advised that this would be shared with all practice nurses.
11.4 CMFT CQC inspection: Noted.
11.5 CQC Inspection Programme for Q3: Noted.
11.6 Terms of Reference: Dr Owen-Smith referred back to the ToR for the Committee and asked that further consideration be given to how quality is monitored in terms of integrated budgets and different organisations. The Chair explained that representation would be sought from SMBC as joint commissioners. In response to a further question, the Chair commented that a Public Health representative is still required.
Meeting Governance
12. Date, time and venue of next meeting: <p style="text-align: center;">Wednesday 12 October 2016 13:30 – 16:00 Viaduct, floor 7, Regent House</p>