

Quality & Patient Safety Part I
12th August 2016
Thames Room, Thurrock CCG

Present:	Ms L Buckland (LB)	Deputy Chair & Lay Member, Thurrock CCG
	Ms P Gregory (PG)	Designated Nurse, LAC
	Ms J Richards (JR)	Lead Nurse Planned Care
	Ms L Davies (LD)	Lead Nurse Unplanned Care
	Mr R Vine (RV)	Practice Manager, Board Member, Thurrock CCG
	Ms J Foster-Taylor (JFT)	Chief Nurse, Thurrock CCG
	Ms L Smart (LS)	Deputy Chief Nurse
	Ms J Pitt (JP)	Public Health Manager Sexual Health & Teenage Pregnancy
	Ms S Cleall (SC)	Quality & Patient Safety Manager, Thurrock CCG
	Mr T Elwell-Sutton (TES)	Consultant in Public Health
	Ms L Davis (LD)	Lead Nurse Unplanned Care, Thurrock CCG
	Dr N Raj (NR)	GP Board Member, Thurrock CCG
	Ms J Richards (JR)	Lead Nurse Planned Care, Thurrock CCG
	Ms H Arnold (HA)	Minutes, Thurrock CCG
Apologies:	Ms L Corbishly (LC)	Lay Member, Thurrock CCG
	Dr L Grewal (LG) (Chair)	GP Board Member, Thurrock CCG
1.1	Welcome & Apologies	
	LB welcomed all to the meeting. The apologies were noted above. LB asked if there were any declarations of interest that were not already on the register. None were noted.	

1.4	<p>Minutes of the meeting held on 8th July 2016</p> <p>Minutes of the meeting were agreed as a true account.</p>
1.5	<p>Action Log</p> <p>14/16: LB provided a copy of the guidance at the meeting and it was agreed that HA would circulate. Action Closed</p> <p>17/16: It was noted that whilst this action could be closed for this Committee, Dr Malik had not yet attended CEG. It was agreed that this would be addressed outside of the Committee.</p> <p>25/16: JFT advised that any lapses of care would need to be addressed through performance notices. Action Closed.</p> <p>26/16: Update provided on the MRSA pre-admission pathway by JM which is detailed on the action log. Action Closed</p> <p>32/16: Included within NHS111 Report on agenda. Action Closed</p> <p>41/16: JFT advised that NELFTs Legionella Statement had now been received and signed-off by the Head of IPC. Action Closed.</p> <p>42/16-49/16: All actions related to revisions to the BAF which had now been made. Agreed that all actions be closed.</p> <p>50/16: JFT advised that CQRG Basildon do not have a GP representative, neither do SEPT. JF-T will escalate. Action Closed</p>
2	<p>Patient Quality, Safety & Experience</p>
2.1	<p>Quality & Patient Safety Report</p> <p>SC presented report for information. SC was thanked for the comprehensive report, no concerns were raised.</p>
2.2	<p>Serious Incidents Report</p> <p>SC advised that this report detailed the number of SIs by provider and full discussion had been held in Part II.</p>
2.3	<p>HCAI Infection Control</p> <p>LS advised that this report was provided for information. No concerns were raised.</p>
2.4	<p>Outcome from CQC Inspection at SUHFT</p> <p>SC advised that the report had now been published following the CQC inspection in January 2016. The Trust had received an overall rating of 'Requires Improvement'. The report recognised areas of outstanding practise and also where the hospital must and should make improvements.</p>

JFT highlighted that one of the areas for improvement related to compliance with Duty of Candour and reflected on the assurance the CCG was seeking regarding the Ophthalmology Serious Incidents as discussed in Part II of the meeting.

2.5 Q1 Complaints Report

NM presented the report for information and no concerns were raised.

It was noted that the format of future reports would reflect the HSCIC return which would provide more information that was not being captured currently.

3.1 Continuing Healthcare Activity

JFT advised that the report was being presented for information and no concerns were raised.

It was noted that currently there were 263 patients on the clinical caseload. It was recognised that areas for improvement included personal health budgets.

3.2 LARC

A report was presented by TE-S from Public Health to promote the increase in the uptake of LARC, particularly making it more available through GPs and pharmacies. It was noted that currently the uptake of LARC in Thurrock is lower than in other comparable areas.

The Committee discussed the recommendations and it was agreed that this would be taken forward through the Primary Care Work Stream.

3.3 BAF

NM presented the BAF and advised that this would now be reviewed on a bi-monthly basis. It was noted that the next re-iteration would commence in September for submitting to the October Meeting.

NM advised that the BAF needed to highlight any areas where there were potential risks and that if risk grading was reduced this would need to be justified.

The Committee reviewed the risks and the following was agreed:

There needed to be a new risk added relating to Domiciliary Care separate to care homes.

Action 51/16: LS

QPS13 - OOH

Wording to be reviewed.

Action 52/16: LS

QPS05 – EEAST

Amend wording with regard to CQUIN and pilot.

Action 53/16: LS

	<p>QPS11 – Childrens Safeguarding Children’s Safeguarding Team to review the wording particularly to strengthen LAC. Action 54/16: YA/PG</p> <p>It was agreed that the BAF would be circulated in advance of the meeting so that members had sufficient time to review.</p>
4.0	Any Other Business
4.1	<p>GP Patient Survey SC advised that the latest outcomes had now been published. It was recognised that this was not a user friendly document to extract information. Members also questioned the benefit.</p>
5.0	<p>For information Members noted the minutes provided for information.</p>
Date and Time of Next Meeting	
9 September 2016 at 12.30pm – 3.00pm, Thames Meeting Room, Thurrock CCG	

DRAFT