

Quality & Patient Safety Committee Part 1
11 November 2016
Thames Meeting Room, Civic Offices, Grays

Present:	Ms L Buckland (LB)	Deputy Chair & Lay Member, TCCG
	Ms S Cleall (SC)	Quality & Patient Safety Manager, Thurrock CCG
	Ms L Davis (LD)	Lead Nurse, Unplanned Care, TCCG
	Mr T Elwell-Sutton (TES)	Consultant in Public Health, Thurrock Council
	Dr N Raj (NR)	GP Board Member, TCCG
	Ms J Richards	Lead Nurse Planned Care, TCCG
	Ms L Smart (LS)	Deputy Chief Nurse. TCCG
	Mr R Vine (RV)	Practice Manager, Board Member, Thurrock CCG
In Attendance:	Lynne Hilkene (LH)	Business Support, TCCG
Apologies:	Dr L Grewal (LG)	GP Board Member TCCG
	Ms J Foster-Taylor (JFT)	Chief Nurse, TCCG

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 declared.

1.4 Minutes of the meeting held on 14 October 2016

The minutes of the previous meeting were approved as a true record.

1.5 Action Log

55/16 – The Committee noted the update on the action log relating to the Enuresis Pathway

TES advised that Level 1 and Level 3 in place but not for Level 2 currently. Joint work continuing between Public Health and TCCG.

New Action 58/16: TES to check if letter has been sent to GPs.

56/16 – Agreed this could be closed as an Agenda Item for this meeting.

57/16 – Noted that a report would be presented at the December Meeting.

2. Patient Quality, Safety & Experience

2.1 Quality & Patient Safety Report

SC presented the report and drew the Committee's attention to the areas detailed within the Executive Summary.

It was noted that staffing levels at NELFT remain a concern and recruitment was on-going with limited success.

LB highlighted the information provided for independent providers and it was clarified that harm free care related to the patient safety thermometer data. It was recognised that other areas of quality would need to be included from other intelligence when appropriate.

2.2 Serious Incidents Report

SC advised that this report provided the number of incidents raised by providers which had been discussed in more detail within Part II of the meeting.

2.3 Thurrock CCG Q2 Complaints Report

The Committee noted the report.

JFT discussed the format of the report and it was agreed that data would continue to be presented in Part I and exceptions would be presented in Part II in order for learning to be shared.

Action 59/16: JFT to discuss with NM.

3. Governance & Performance

3.1 Board Assurance Framework

It was noted that the BAF had been deferred from the previous meeting in October 2016.

The Committee reviewed the risks and ratings and it was agreed that several would need to be updated:

- Care Homes – no changes
- Domiciliary Care – no changes
- EEAST – to update
- NELFT - no specific concerns at present apart from staffing levels
- Independent Providers – review in light of additional Never Event for SPIRE Wellesley.
- Out of Hours Providers - concern relating to Flu vacs response for Care homes – new risk
- Continence – new risk
- CHC/ PUPOC - Revised wording needed as the September deadline had passed.
- Primary Care nurse education – whilst this was a concern it was recognised that there was no budget available.
- IAPT – to be reviewed in light of the improved performance

Action 60/16: LS to update by 30 November 2016

3.2 Improving Access to Psychological Therapies (IAPT)

The paper was noted.

3.3 Cost Improvement Plans (CIPS) Process

LS advised the Equality/Quality Impact Assessment Tool has been revised to reflect national guidance and the two new tools published by NHSE, based on the Brown Principles.

LS emphasised that the report detailed 'what does good look like' for provider CIPS in light of the lack of detail provided previously. It was advised that this process had been shared with NELFT for adoption.

3.4 Escalation to Board Assurance Framework

Under review.

3.5 Issues escalated to other Committees and Board

None.

3.5 Issues escalated from other Committees and Board

None.

4. A.O.B.

RV highlighted that there appeared to be a gap with digital retinopathy for housebound patients. It was noted that work was being undertaken to address with the CCG's Primary Care Development Team.

Date of Next Meeting

9 December 2016 @ 12.30pm - 3.00pm