

Quality & Governance Committee Meeting – Part 1
12th June 2015
12.30pm - 3.00pm
Thurrock Civic Offices

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| Present: | Dr L Grewal (LG) | Quality & Governance Committee Chair, Thurrock CCG |
| | Jane Foster Taylor (JFT) | Executive Nurse, Thurrock CCG |
| | Russell Vine (RV) | Practice Manager, Thurrock CCG |
| | Lesley Buckland (LB) | Lay Member, Thurrock CCG |
| | Len Green (LJG) | Lay Member (PPI), Thurrock CCG |
| | Dr N Raj (NR) | GP Board Member and Safeguarding Lead, Thurrock CCG |
| | Sue Cleall (SC) | Quality & Patient Safety Manager, Hosted Quality Team |
| | Linda Smart (LS) | Head of Quality & Patient Safety, Hosted Quality Team |
| | Laura Davis (LDavis) | Quality & Patient Safety Manager, Thurrock CCG |
| | Lin Teasdale (LT) | Quality & Patient Safety Manager, Hosted Quality Team |
| | Andrea Metcalfe (AM) | Head of Safeguarding Adults, Thurrock CCG |
| | Tracey van Wyk (TvW) | Essex CCGs Information Governance Lead, Basildon & Brentwood CCG |
| | Mary Tompkins (MTompkins) | Head of Medicines Management, Thurrock CCG |
| | Nicola Meeks (NM) | Head of Corporate Governance, Thurrock CCG |
| | Alana Stokes (AMS) | Minute Taker, Thurrock CCG |

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| 1. | Welcome & Apologies |
| | JFT welcomed everyone to the meeting and introductions were made. There were no apologies received. No conflicts of interests were declared, other than those recorded in the Register. |
| | The Committee extended a formal thank you to LJG for his challenging input into this Committee as this would be his last meeting in his role as Lay member. |
| | Minutes of the meeting held on 8th May 2015 and Action Log |
| | The minutes of the previous meeting held on 8 th May 2015 were accepted as an accurate record. |

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| | <p>Action Log</p> <p>4/15 – Education meeting due to be held on 18th June and Chaperone training would be addressed on this meeting agenda.</p> <p>7/15 – The group were advised that Dan Stoten has moved to the PMO team and Claire Mitchell would be invited to CEG to discuss Children’s Services good news stories.</p> <p>20/15 - Roger Harris had agreed to share a final position statement for Sharps issue as soon as possible.</p> <p>21/15 – SC noted that two teams in NELFT community did not submit any data to the PST document. JFT agreed to address this issue at the NELFT CQRG meeting.</p> <p>22/15 – LT confirmed that BBCCG have adopted the Serious Incident documentation that she had updated. Closed.</p> <p>The new workplan was shared by NM and all changes were highlighted. LDavis advised that the Francis workstream had been agreed to be removed.</p> <p>The recent changes to the Terms of Reference were reviewed and changes were made for consistency with other Committees and their functions.</p> <p>Responsibilities were discussed for seeking assurance regarding QIA and QIPP, with a focus also on Medicines Management. Lessons learned from national enquires were also discussed.</p> <p>LG queried if there would be any change to the Committee title. NM advised there would not as no operational aspects were being transferred to the Audit Committee. LJG suggested the document be updated to include the Chair and nominated deputy. LS advised that the timeline included for the submission of data would not be possible. LB suggested that as real time data is needed within this Committee, the Terms of Reference must reflect.</p> <p>Agreed and send to Board</p> |
| 2.1 | <p>Patient Experience Report</p> <p>SC updated the Committee regarding the Patient Experience report. It was noted that there was a staff survey action plan developed by NELFT, which was then taken to their April Board meeting for sign off.</p> <p>SC advised that the Patient Safety Thermometer data was refreshed but several issues had since been identified this month.</p> <p>One negative review was noted from NHS Choices for Orsett hospital. SC advised that the CQC report for BTUH had not yet been published. Their staff survey had scored below average but actions had since been put in place. The response rate was down to 31%.</p> <p>SC noted that the acute trust had advised there would be no more “four touch points” in the next report. LG asked for clarification regarding maternity patients rating the whole experience and expressed concern that there is no detail gained through this method. The Committee discussed the model for gaining data and noted that it was not positive. JFT advised that any issues are reviewed in subcommittees (including independent Chair). LS advised the group that the Annual National maternity survey is more in depth. LG requested the numbers for staffing and it was confirmed that this is shared.</p> |

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| | <p>NR commented that the maternity and gynaecology meeting has not yet been arranged. JFT advised that the mechanism for CCG Paediatric CEG should include Maternity.</p> <p>SC noted that within the patient survey, a slight improvement in was seen in the scoring.</p> <p>NHS Choices issue had been resolved and SC would check for responses on the website. BHRT data was discussed as per the report.</p> <p>Bluebell Court was discussed by the group for information.</p> |
| 2.2 | Serious Incidents Report |
| | <p>LT shared the part 1 Serious Incident report figures. JFT noted that the remaining 2013 SIs had been successfully closed and only 7 were open for 2014. One of these cases is still open as investigated by the police.</p> <p>LT updated the group on the recent meeting with NELFT in which they identified some unavoidable cases. LT advised that Kay Markwick is now involved in the SI workstream.</p> <p>The group discussed Never events in comparison to Serious incidents etc. regarding the scrutiny involved.</p> |
| 2.3 | Francis Gap Analysis Report |
| | <p>LDavis updated that NELFT had introduced a star appraisal system for staff to use. All NELFT Francis actions are complete.</p> <p>Thurrock CCG only have one red action for Cultural survey. This will be incorporated into a staff away day.</p> |
| 2.4 | Safeguarding Adults Report |
| | <p>AM shared the Safeguarding Adults report and updated the group on the recent meeting with a patient.</p> <p>JFT noted the high level of clinical input and Care homes and Nursing homes focus on DOLs.</p> <p>A current patient was discussed in relation to Arden GEM as they had advised they would not go through the process. LDavis noted that Arden GEM are undertaking MCAs now and this issue could be addressed at the contracting meetings.</p> <p>Concern was raised in the discussion that timescales had not been shared. The group reviewed training assessors and LG requested training. AM advised that training is not monitored and correct levels must be assured.</p> <p>It was noted that LG would be added to the training as a Lead. Prevent training for was agreed for the Thurrock CCG Board members. AM noted MCA training would be available. Self-neglect of patients was discussed and it was advised that online training is available for Prevent. The Police had been invited to a team meeting and a session would be arranged for the Board also.</p> <p>NR suggested the Safeguarding Adults team identify a Adult Safeguarding lead for each practice but JFT advised that there is currently no capacity of resource for this</p> |

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| | workstream. |
| 3.1 | Quarterly Information Governance Report |
| | <p>TvW was introduced and shared the Quarterly Information Governance report. The IG team have focused on compliance and looking at action plans for additions and changes.</p> <p>Section 251 of the report was reviewed for information regarding secondary purposes, along with safety and security through anonymised information etc.</p> <p>JFT discussed the complexities with information sharing and the occasional need to hold patient level data. TvW provided assurance on the appropriateness on this and risk mitigation for both Primary and Secondary use of data.</p> <p>JFT suggested an IG troubleshooting day with TvW and the IG team with real life scenarios, to ensure we remain IG compliant as a CCG. Action</p> <p>JFT complimented the IG team regarding the report and workstreams. RV noted that some practices do not want to go passed level 2. LG queried how many section 251s are dealt with and TvW advised the process for application for access was limited.</p> |
| 3.2 | Annual SIRO Report |
| | The report was reviewed for information. |
| 3.3 | Internal Audit report on Medicines Management |
| | <p>NM shared an update on the Internal Audit plan and relevant reports. JFT asked if the report had been shared with BBCCG. MTompkins noted that this would not be shared until this Committee agreed to distribution. LB suggested the Committee should also receive Audits from others that lead on our behalf. It was confirmed that this issue would be on the agenda for the Medicines Management meeting in a week. JFT suggested information be shared from Medicines Management Committee then bring the action plan to the Quality & Governance Committee.</p> <p>Officer accountability was discussed and action plans / timelines were shared in the report. JFT advised that rather than split the information out, the output would instead be monitored. NM advised she would be looking at the schedule for an overview and internal auditors should automatically make contact.</p> |
| 3.4 | Policy for Policies |
| | <p>NM shared an overview of the Policy for Policies which was taken to the Audit Committee previously and approved. The policy must be ratified by this Committee. The content was noted to be similar to previous templates but had been updated.</p> <p>JFT queried if the template could be shared with Primary Care. NM advised that this document was for LES and DES procurement, with AQP but not Arden GEM CQC offer etc. It was suggested that it would be needed for an audit that the correct ones are included in the cohort.</p> <p>NM advised that there is currently no policy review group in place. Action</p> <p>LB noted that there was a reference to Essex CSU which no longer exists. NR queried the use of a universal template for benchmarking for Primary Care. LG suggested the template be shared for information if practices are interested in adopting it to use as a reference.</p> |

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| | <p>RV expressed concern for AQP purposes that the practice point of view is much smaller with no sub committees etc. LG requested NM present at the CEG meeting or the Practice Manager meeting</p> <p>It was suggested to wait until final documentation for version control before sharing with Primary care.</p> |
| 3.5 | Annual Self-Assessment / Report |
| | NM advised that the Annual Report had been circulated to the Committee members. Comments or feedback to be shared by Tuesday of the next week. |
| 3.6 | Escalation to Board Assurance Framework |
| | The Committee suggested the failure to replace LJG as a Board Lay member should be added to the BAF. Recent interviews did not lead to the appointment of this key role. |
| 3.7 | Issues escalated to other Committees and Board |
| | It was agreed to escalate Medicines Management issues to the Board. The Committee also requested an update from the Board regarding the Deputy Chair role. |
| 3.8 | Issues escalated from other Committees and Board |
| | None. |
| | AOB |
| | <p>LS shared an update on Nurse Revalidation within Primary Care, Care Homes and Nursing Homes and the need for the CCG to support practices with this workstream. The reflections log had been circulated at the Nurses Time 2 Learn meeting and RV had shared the template with Practice Managers.</p> <p>The NSC item was discussed and it was agreed for NM to update Emergency Planning with the new staff member. NM shared a reminder regarding risk registers and JFT noted the Quality Team risk register would be reviewed.</p> <p>NR commented on the shortage of GPs and Locums within the Thurrock locality. JFT advised there is an action plan for both long and short term goals. There may be co-commissioning of primary care in the future but not currently.</p> |
| | Date of the next meeting |
| | 10 th July 2015 12.30pm – 3.00pm Thurrock Civic Offices |