

Quality & Governance – Part 1
Friday 12 September 2014
Thames Room, Civic Offices

Present:	Jane Foster Taylor (JFT)	Executive Nurse, Thurrock CCG
	Len Green (LJG)	Lay Member, Thurrock CCG
	Lin Teasdale (LT)	Quality & Patient Safety Manager, Thurrock CCG
	Lesley Buckland (LB)	Lay Member, Thurrock CCG
	Sue Cleall (SC)	Quality & Patient Safety Manager, Thurrock CCG
	Russell Vine (RV)	Practice Manager, Thurrock CCG
	Dr N Raj (NR)	GP Board Member, Thurrock CCG
	Andrew Stride (AS)	Head of Corporate Governance, Thurrock CCG
	Dr L Grewal (LG)	Quality & Governance Chair, Thurrock CCG
	Joanne Jenkins (JJ)	Minute Taker, Quality Team CCG
	Teresa Dowdswell (TD)	CHC
	Mary Tomkins (MT)	Medicines Management
	Yvonne Anarfi (YA)	Safeguarding Children
Apologies:	Linda Smart (LS)	Head of Quality & Patient Safety, Quality Team
	Laura Davis (LD)	Quality & Patient Safety Manager, Thurrock CCG
	Dr N Raj (NR)	GP Board Member, Thurrock CCG
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG

1.	Welcome & Apologies
	JFT welcomed everyone to the meeting and introductions were made. Apologies were received as stated above. No conflicts of interests were declared, other than GP and Practice Manager interest.
	The meeting papers were agreed for noting and all queries and decisions were advised to be recorded and addressed in the next meeting or electronically if urgent.
	Minutes of the meeting held on 8 August 2014 and Action Log
	The minutes of the previous meeting on the 8 August 2014 were reviewed and agreed as accurate record.

Action Log	
	<p>21/14 The e-mail received by LJG was circulated to the Committee. RV advised that this was not sufficient information and what he was really looking for was an updated document originally developed by one of the Commissioners. JFT agreed that this action could be closed on the Action Log and she would take this forward outside of the meeting.</p> <p>22/14 and 22/16 were now closed and could be removed from the Action Log.</p> <p>28/14 JFT provided an update and advised that there was a recovery plan in place, a contract query had been raised and weekly monitoring was being undertaken. An exercise was also being undertaken to test the market.</p> <p>30/14 It was agreed that this action could be closed and removed from the Action Log.</p> <p>32/14 It was agreed that whilst this action could be closed and removed from the Action Log it will be monitored quarterly and needed to be added to the Work Plan.</p> <p>35/14 Reviewing portfolios with CCG. It was agreed that this could be closed and removed from the Action Log and added to the Work Plan.</p> <p>36/14 Structure changes being reviewed. Action to be revisited in November 2014.</p> <p>38/14 This action has a review date of November 2014.</p> <p>39/14 To be carried forward to the next Meeting.</p> <p>40/14 This action to be carried forward as still to be presented at Time 2 Learn.</p> <p>41/14 Changes being made. Bring forward to the next meeting.</p>
Work Plan	
	<p>It was agreed that Neurology Rehab pathway would be monitoring quarterly and will be added to the Work Plan.</p> <p>It was agreed that the Learning Disability Health Checks for 14 years + to be added to the Work Plan.</p>
2.1	Patient Experience Report
	<p>JFT thanked SC for the well thought out and informative PE report.</p> <p>SC referred the Committee to the Executive Summary and highlighted the following areas.</p> <p>Patient Safety Thermometer</p> <ul style="list-style-type: none"> • There were no concerns raised with the NELFT Community Patient Safety Thermometer data compared to the SEPT data. • There was a decrease in harm free care for AFC to 92.6% from 100% the previous month. Whilst this appeared to be due to an increase in the report in urine infections for patients with catheters it was noted that this related to only 2 patients.

	<ul style="list-style-type: none"> At the CQRC meeting held on the 4 September NELFT shared a harm free care paper which detailed achievements identified gaps and actions relating to the four harm free care areas. <p>It was noted that the Safer Staffing submission for June had now been published and an extra column had been provided to indicate the percentage of beds occupied. The Committee has asked to note in particular that there was only 87% bed occupancy for Thorndon Ward for the period in question and that safer staffing levels had therefore been reduced in line with the safer staffing matrix.</p> <p>With regard to patient satisfaction scores for the inpatient areas the Committee was asked to note that only 1/22 patients completed a score for MCH and 4/19 for AFC. This was highlighted at a recent visit to AFC and also at the recent CQRC meeting.</p> <p>LJG raised a concern relating to qualified nurse shortages reported in reports to this Committee. JFT advised that this was a national issue and that across Essex there was a shortage of 800 nurses and it will take 6/7 years for the shortfall to catch up. There was also a delay in NMC registration for foreign nurses.</p> <p>It was pleasing to note that MONITOR had ended all enforcement action at BTUH in recognition of the “good” rating by the CQC in June.</p> <p>With regard to Friends and Family, BTUH net promoter scores were still below average. JFT advised that ward hostesses were in the process of being introduced to interact with patients in order for data to be collected.</p> <p>RV highlighted that the orthopaedic consultant has now left BTUH which had an impact on the waiting list. JFT gave assurance that this was being monitored.</p> <p>The Committee was advised that Spire Wellesley had sent its action plan to the CQC by the deadline following the recent visit. The timeframe for completion of this action plan is the end of September 2014, following which the Quality Team will undertake a further visit.</p> <p>There were 2 positive reports published for the Coach House in Grays and Emmanuel House in Tilbury since the last meeting. It was also noted that Holyrose House in Grays was under review and outcomes will be provided to the Committee once the report is published.</p> <p>It was noted that as the Head of Quality and Patient Safety was unable to attend the meeting, due to other meeting commitments an update from the last quality meeting and performance meeting for EEAST was not able to be provided. It was agreed that this would be circulated to the Committee before the next meeting.</p> <p>Action: SC to circulate.</p>
2.2	Serious Incidents
	<p>LT shared the Serious Incident Report. There are currently 43 active and 1 inactive Serious Incidents. The CCG has been working closely with NELFT to review all Serious Incidents; closure has been agreed on 9 incidents and 3 inactive incidents since the last report. These will be discussed in more detail in Part 2.</p>
2.3	Safeguarding Adults Reports

	<p>JFT presented the Safeguarding Adults Report. She highlighted that there were potential implications for continuing health care patients in their own homes with regard to the new legislation in relation to MCA DOLs and that the Head of the Quality & Patient Safety Team would be attending a meeting that afternoon in North Essex. Feedback will be provided in the next report.</p> <p>LJG raised a question regarding whether the CCG felt that it was receiving sufficient assurance from the Local Authority with regard to Adult Safeguarding. JFT advised that whilst the CCG was a statutory member of the formal Adult Safeguarding Board together with the Police and Local Authority there was no CCG presence at the informal weekly meetings that the Local Authority held where SET SAFs were discussed. It was agreed that this would be escalated to the Adult Safeguarding Board.</p> <p>Action: JFT</p>
2.4	Clinical Audit Update
	To be reviewed at the next meeting.
2.5	NICE Update
	To be reviewed at the next meeting.
2.6	Annual Quality Report 2013/14
	<p>JFT presented the Annual Quality Report which was produced by the Quality Team. She particularly commended the role of the Quality Team in monitoring provider services.</p> <p>Whilst LB agreed that the report contained every useful information, she raised the question as to what the purpose of the paper was. This was discussed and it was noted that there were also annual reports relating to SIs and HCAI which could also be shared. Suggestions were CEG, the Governing Body and the AGM.</p> <p>Action: JFT to discuss with LS.</p>
2.7	Francis Report
	<p>JFT presented the GAP Analysis Report on behalf of LD who was attending another meeting on her behalf. She advised that for future reports more timeframes would be included. It was noted that there was one red area for the CCG relating to the undertaking of an organisational culture review survey. A question was raised as to whether this was just for CCG staff or whether it included Partner Members.</p> <p>Action: LD to progress this.</p>
2.8	Continuing Health Care
	<p>TD presented this report.</p> <p>Of the CHC 3 month review there were 7 of which 3 were overdue in the Residential/Community. In the nursing homes there were 17 of which 7 were overdue.</p> <p>Of the 12 month review there were 33 of which 1 is overdue in the Residential/Community. In the nursing homes there were 61 of which 2 were overdue.</p>

	<p>In Thurrock there were currently 8 people being funded jointly with the local authority.</p> <p>The recruiting of staff has caused a reduction in the number of cases which were overdue.</p> <p>It was noted that information governance were working on the data migration in view of the CSU closing on the 30 September 2014 and the split between Thurrock and Basildon Brentwood data.</p> <p>Thurrock CCG continues to have 6 patients whose care package is greater than £1,500 per week. All 6 of these patients have complex needs and some require 1-1 care to maintain safety. Five of these patients are within a nursing home placement; one of these patients is managed within the community.</p> <p>It was pleasing to note that the staff involved with the Thurrock cases would be continuing and JFT acknowledged that this would facilitate consistency.</p>
2.9	Health Care Associated Infections (HCAI)
	<p>JFT reported that there were no new MRSA Bacteraemia cases.</p> <p>With regard to Cdiff there were 19 cases attributable to the CCG (as of 29/08/14) against a year end ceiling of 22 cases. 9 of these were community on-set cases.</p> <p>BTUH had breached their Cdiff ceiling and Medicines Management will pick up with the Infection Control team.</p>
2.10	Food Standards Report
	<p>SC advised the Group that this was a Government directed paper. The NHS will now have mandatory food standards and hospitals will be ranked on food quality as part of a wide-ranging drive to raise standards of hospital food across the country.</p> <p>It was reported at the meeting that co-incidentally a quality visit was being undertaken at the Alistair Farquharson Centre, (AFC) Thurrock Community Hospital when an article was published in the media which ranked AFC as the fourth worst in the country for the quality of food, based on the Patient Led Assessments of the Care Environment (PLACE) in April 2014. It should be noted that very positive feedback had been received from patients with regard to the quality and choice of food at the time of the visit. In fact the wife of one male patient advised that her husband had been admitted to both Basildon and Broomfield Hospital before AFC and he felt the food at AFC was the best.</p>
3.1	Health and Safety Update
	<p>AS presented this report which provided an update with the Health and Safety Action Plan 2014 and Competent Person Support.</p> <p>Members reviewed the Action Plan and LB asked that Fire Awareness be added. It was also agreed that more information would be provided relating to first aiders. A question was also raised relating to defibrillator machines and it was agreed that these would not be necessary in the CCG Headquarter environment. AS highlighted that in cases of emergency contact details would be documented in the induction pack.</p> <p>In response to a question raised by members AS advised that he was the competent</p>

	<p>person and would be providing support across all 4 CCG's at the current time.</p> <p>JFT advised that Terms of Reference had been signed off at Board. Any amendments could be made as and when required.</p>
3.2	Emergency Planning Verbal Update
	<p>JFT advised that training had been undertaken by the CCG to be an emergency planning site in the event of a major incident. It was also noted that as from the 1 November 2014 the on call rota will be split between South Essex and South West.</p>
3.3	Issues Escalated to other Committees and Board
	None.
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	None.
8.	AOB
	None.
	Date of the next meeting
	Friday 10 October 2014 12.30pm – 3.00pm Thurrock Civic Offices