

Quality & Patient Safety Committee – Part 1
9 September 2016
Thames Room, Thurrock CCG

Present:	Dr L Grewal (LG) (Chair)	GP Board Member, Thurrock CCG
	Ms L Buckland (LB)	Deputy Chair & Lay Member, Thurrock CCG
	Ms S Cleall (SC)	Quality & Patient Safety Manager, Thurrock CCG
	Ms L Davis (LD)	Lead Nurse, Thurrock CCG
	Mr T Elwell-Sutton (TES)	Mr T Elwell-Sutton (TES)
	Dr N Raj (NR)	GP Board Member, Thurrock CCG
	Ms J Richards (JR)	Lead Nurse Planned Care, Thurrock CCG
	Ms L Smart (LS)	Deputy Chief Nurse, Thurrock CCG
	Mr R Vine (RV)	Practice Manager, Board Member, Thurrock CCG
	Ms L Hilkene (LH)	Minutes, Thurrock CCG
In attendance	Ms D Rabbette (DR)	Head of Medicines Management
	Ms H Farmer (HF)	Snr Commissioner, Children & Young People, Thurrock CCG
	Ms C Lowe (CL)	CYP Continuing Care Commissioning Lead
	Ms M Whelan	CHC Operational Lead
Apologies	Ms J Foster-Taylor	Chief Nurse, Thurrock CCG
	Ms L Corbishley	Lay Member, Thurrock CCG

1.1	Welcome & Apologies
	LG welcomed all to the meeting. The apologies were noted above. LG asked if there were any declarations of interest that were not already on the register. None were noted.
1.4	Minutes of the meeting held on 12 August 2016
	The minutes of the previous meeting were agreed as a true account.
1.5.	Action Log

51/16: Add new risk on BAF for domiciliary care. **Action closed.**

52/16: Wording to be revised for OOH on BAF. **Action closed.**

53/16: Amend working on BAF for EEAST regarding CQUIN and pilot. **Action closed.**

54/16: Review wording on BAF for safeguarding children to strengthen LAC. **Action closed.**

2.0 Patient Quality, Safety and Experience

2.1 Quality & Patient Safety Report

SC presented the report for information and highlighted in particular the following:

- Safeguarding Adults - an internal audit took place during August. Informal feedback was generally positive but one area highlighted was that the CCG's website needs to be improved to provide more front facing information for the public. LS advised that the Quality Team had already met with the CCG's Communications Team to take this forward in preparation of receiving formal feedback from the audit.
- NELFT - safer staffing hard truths update- 19 shifts were raised on Datix but rated as 'no harm'.
- BTUH - Outcomes from the Adult Inpatient Survey 2015 were noted as 'about the same' as other trusts.
- Bluebell Nursing Home - still awaiting feedback from the CQC.
- EEAST - report had now been published with an overall rating of 'Requires Improvement'.

Discussed the provision of the Continence service. SC advised that a meeting with NELFT and SEPT was soon to take place. LG gave an example of a recent patient (school age) and knowing who was delivering this service and how to refer this child. The enuresis service is delivered by the school nurses and the referral should go through NELFT.

Action 55/16: SC to liaise with the CCG's Children's Commissioner regarding the pathway in order for a communication to be shared with GP practices who are currently unclear as to the process.

2.2 Serious Incident Reports

It was noted that this report detailed the number of SIs by provider.

LS advised that discussions have taken place with NELFT regarding a new process for the review of serious incidents for patients with pressure ulcers. The clinical teams will present their incident to the panel of experts (including representation from the CCG) which will determine if the incident meets the SI framework. NELFT will share the wider learning from these multiple incidents particularly with Care Homes and for patient education.

A preliminary meeting had held to review the Terms of Reference and the first panel meeting is scheduled for 4 October 2016.

2.3	<p>Medicine Optimisation Report</p> <p>DR introduced herself to the Committee as the new Head of Medicines Optimisation and advised she felt this would a good opportunity to review and ask the Committee for any recommendations on how the Report could be made more appropriate and user friendly. It was generally agreed there were too many tables etc. and could be more user friendly by including more background information which can be fed back to practices. LG suggested a slot at CEG to gain a wider audience. Discussion followed on the shared care process which was a key issue.</p>
3.0	<p>Governance & Performance</p>
3.1	<p>Continuing Healthcare Activity</p> <p>MW presented the report for information and no concerns were raised.</p> <p>It was noted there were 313 patients on the clinical case load. There were currently 13 patients requiring 1-2-1 support which continues to reduce. It was noted that some fast tracked referrals were unable to go through the 111 process because of missing information. There were 16 personal health budgets which were unproblematic. MW highlighted a compliment that had been received regarding a patient. No further appeals or complaints had been received by the team this month. There were 8 overdue cases (2 in the community and 6 in nursing homes).</p>
3.2	<p>Primary Care Education</p> <p>JR presented the report for information. LG asked if there was a breakdown of the 63 Practice Nurses/Healthcare Assistants in relation to training needs. Discussion followed on speciality nurses and competency.</p> <p>It was noted that Thurrock CCG maintain a register relating to the revalidation of nurses who are employed by the CCG and CHC.</p>
3.3	<p>Abbott Contract Update</p> <p>JR presented the report for information which was acknowledged with no problems and a good quality of service.</p>
3.4	<p>Escalation to Board Assurance Framework</p> <p>None.</p>
3.5	<p>Issues Escalated to other Committees and Board</p> <p>None.</p>
3.6	<p>Issues Escalated from other committees and Board</p> <p>None.</p>
4.	<p>A.O.B.</p>
	<p>No items were discussed.</p>
<p>Date of Next Meeting</p>	
<p>14 October 2016 @ 12.30pm - 3.00pm, Thames Meeting Room</p>	