

**Quality & Governance Committee Meeting – Part 1**  
**10<sup>th</sup> July 2015**  
**12.30pm - 3.00pm**  
**Thurrock Civic Offices**

<b>Present:</b>	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
	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
	Joanne Mayhew (JM)	Senior Infection Prevention and Control Nurse, Thurrock CCG
	Alana Stokes (AMS)	Minute Taker, Thurrock CCG
<b>Apologies:</b>	Nicola Meeks	Head of Corporate Governance, Thurrock CCG

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	LG 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.
	<b>Minutes of the meeting held on 12<sup>th</sup> June 2015 and Action Log</b>
	The minutes of the previous meeting held on 12 <sup>th</sup> June 2015 were accepted as an accurate record.
	<i>Updated</i>
	Item 2.4 - LG received an email from Andrea Metcalfe outlining training suggestions however he suggested face to face training would be preferable.
	Item 3.4 - Check with Nicola Meeks if information has been sent to Primary Care.
	<b>Action Log</b>
	4/15 – The issue was escalated to Joan Skeggs for information. Administration staff need chaperone training and this would be added to the August CEG agenda for

	<p>discussion.</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 there were issues with data collection again and this would be raised at NELFT CQRG. Closed.</p> <p>23/15 – It was noted that the Committee had agreed to integration of policy review. Closed.</p> <p>24/15 – LG suggested that the August CEG agenda included an update on Policy for Policies by NM.</p> <p>25/15 – Tracey van Wyk to attend and complete training on Information Governance compliance. Closed.</p> <p>LG noted that the Quality &amp; Governance workplan had been improved and the Adult Safeguarding meeting minutes would be included quarterly.</p>
<b>2.1</b>	<b>Patient Experience Report</b>
	<p>SC updated the Committee regarding the Patient Experience report and highlighted the Executive Summary. Safer staffing was discussed by the group.</p> <p>SC advised that the Patient Safety Thermometer data issue had been identified but did not impact on harm free care. LB expressed concern regarding providers not performing on a regular basis in relation to the submission of data. It was queried if there was any financial penalty that could be imposed and JFT advised that there was not.</p> <p>It was noted that the National Reporting and Learning system is currently six months behind in reporting.</p> <p>The Family and Friends test had shown a significantly lower response rate for the month.</p> <p>BHRT was discussed as key findings regarding a backlog of SIs and management of medicines was noted. It was advised that Nicki Livermore and LS are due to review BHRT.</p> <p>SEPT data was review and safer staffing noted as there were four wards identified as hot spots, although there is currently no impact on patient safety.</p> <p>JFT raised an issue with prone restraints and the group discussed a recent presentation that was given, along with the publication of new guidance. The guidance is to be understood that restraints can be used but must be reported.</p> <p>Reports from CQC for care homes were reviewed. Carolyn House was rated as “requiring improvement”.</p> <p>JFT updated the group regarding the Coach House. Family Mosaic are the provider and had requested an uplift for the patients in the home including very complex CHC patients. The press have been involved after a consultation with patient families. The Thurrock Gazette contacted the CCG and a press release was shared by Joy Joses. JFT noted that Arden GEM have experienced difficulty in supporting this workstream but assured that tall clients will have comprehensive reviews of their health needs in partnership with their next of kin prior to an alternative placement.</p> <p>A declaration of interest was shared from LG as he is the GP for some of these</p>

	<p>patients.</p> <p>JFT noted that Grapecroft require a Quality visit regarding medication issues, following their recent CQC published report.</p> <p>SC updated the Committee to the Quality Accounts for NELFT that had been included in the report. Commentary was required to ensure these accounts as factual and accurate.</p> <p>LG requested sight of the BHRT improvement plan when published.</p> <p><b>Action: JFT to send letter to LG regarding BHRT improvement plan.</b></p>
<b>2.2</b>	<b>Serious Incidents Report</b>
	LT shared the part 1 Serious Incident figures for Thurrock as per the report.
<b>2.3</b>	<b>Health Care Associated Infections (HCAI) Report</b>
	<p>JM shared the Health Care Associated Infections report. It was noted that a further MRSA bacteraemia case had just occurred involving a BBCCG patient and the Infection Control team had just finished the investigation yesterday. The details of the case were discussed and JM advised that the information is now with the Area Team for review.</p> <p>BTUH have had one MRSA bacteraemia contaminant. JFT queried the PIR process followed for patients in Queens Hospital. JM advised that as the service is not directly commissioned, the same process could not be followed but information is shared with the team once the detail has been investigated.</p> <p>There have been seven C.diff cases reported for Thurrock CCG. BBCCG have had over ten C.diff cases reported this year. The patients involved that are situated at BTUH have undergone full RCAs and there were no serious lapses in care.</p> <p><b>Action: JM to contact Stephen Mayo regarding possible SI. If harm occurs to a patient as a result of a C.diff infection.</b></p> <p>LG expressed concern regarding the need for a review of more possible sites for phlebotomy services.</p>
<b>3.1</b>	<b>Board Assurance Framework / Corporate Risk Register</b>
	<p>JFT noted the changes made by Nicola Meeks to the Board Assurance Framework document. LG complimented the new format and improvements but suggested that the BHRT and BTUH items were rated too low on the list and requested these are reviewed.</p> <p>LS advised that as Thurrock CCG are not lead commissioners for the hospital contracts, awareness of the risk would be appropriate.</p> <p>Risks regarding assurance mechanisms were discussed.</p> <p>LB noted that the BAF document had been reviewed at the Audit Committee meeting and the auditors made comments. NM to complete changes in accordance with these suggestions.</p>
<b>3.2</b>	<b>Committee Review Papers</b>

	<p>JFT shared an explanation of the suggested changes to the Committee structure. LB noted that the amendments had been supported at the Audit Committee.</p> <p><i>The Committee approved the proposal to be presented to the August Board meeting for agreement. <b>Action NM</b></i></p> <p>LG expressed concern over the comments on the “GP Board member” listed responsibilities as not all would be applicable to a different candidate.</p> <p>JFT noted that the document advised that there would be three Quality &amp; Patient Safety Managers in place but this may not be possible in future. NM to review as per the new Quality team structure.</p> <p><b>Action: NM to review membership of this Committee to reflect the suggestions made by LG.</b></p>
<b>3.3</b>	<b>Escalation to Board Assurance Framework</b>
	None.
<b>3.4</b>	<b>Issues escalated to other Committees and Board</b>
	JFT suggested that a paper regarding the current issues at the Coach House be taken to the Thurrock CCG Board meeting.
<b>3.5</b>	<b>Issues escalated from other Committees and Board</b>
	None.
	<b>AOB</b>
	<p>The Committee reviewed the Cultural Survey document and comments were shared regarding the questions. It was noted that the survey should be completed by new staff post induction, due to the relevance of the questions.</p> <p>LS made a suggestion to take the cultural survey to the Team Away Day. LB requested further information to be shared with the cultural survey and the “so what” message to be shared after completion.</p> <p>LG discussed the new structure of the meeting as the Chair.</p>
	<b>Date of the next meeting</b>
	11 <sup>th</sup> September 2015 12.30pm – 3.00pm Thurrock Civic Offices