Minutes
Meeting of the Haringey Clinical Commissioning Group Quality Committee
13 December 2017 at 2.30pm
Meeting Room 7, Level 4, River Park House

Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Timms</td>
<td>ST</td>
<td>Governing Body Nurse Member and Chair of the Quality Committee, Haringey CCG</td>
</tr>
<tr>
<td>Sharon Seber</td>
<td>SS</td>
<td>Primary Care Health Professional Governing Body Member South East, Haringey CCG</td>
</tr>
<tr>
<td>Rosie Peregrine-Jones.</td>
<td>RPJ</td>
<td>Assistant Director of Quality, Haringey CCG</td>
</tr>
<tr>
<td>Lesley Walmsley</td>
<td>LW</td>
<td>Patient Representative</td>
</tr>
</tbody>
</table>

In attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Beeho</td>
<td>SB</td>
<td>Head of Integrated Governance, Haringey CCG</td>
</tr>
<tr>
<td>Seonaid Henderson</td>
<td>SH</td>
<td>Head of Strategy and Performance, Haringey CCG</td>
</tr>
<tr>
<td>Julie Juliff</td>
<td>JJ</td>
<td>Head of Maternity Commissioning, NCL CCGs (present for item 2.2)</td>
</tr>
<tr>
<td>Angela O'Shea</td>
<td>AOS</td>
<td>Senior Quality and Patient Safety Manager, Haringey CCG</td>
</tr>
<tr>
<td>Cassie Williams</td>
<td>CW</td>
<td>Assistant Director Primary Care Quality and Development present for item 2.4)</td>
</tr>
<tr>
<td>Linda Roast</td>
<td>LR</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

1. INTRODUCTION

1.1 Apologies for Absence

1.1.1 Apologies were received from Catherine Herman, Jennie Williams and Swetlana Wolf.

1.2 Declarations of Interest

1.2.1 Sharon Seber declared that she was currently employed by the JS Medical Practice a member Practice of Federated4Health, the pan-Haringey Federation of GP Practices.

1.3 Chair's Introduction and Opening Remarks

1.3.1 Sarah Timms welcomed all present.

1.4 Minutes of the Previous Meeting

1.4.1 It was agreed that the second sentence of the second paragraph of section 2.2.4 of the minutes would be removed and the first sentence of section 3.2.2 should be amended to correctly read “It was noted that NMUH/RFH pathology services had been subcontracted to a new provider (HSL) and there appeared to have been a deterioration in the standard of services”. Subject to these amendments the Committee agreed the minutes of the meeting held on 11 October 2017 as an accurate record.

1.5 Matters Arising/Action Log
1.5.1 **Action 11/10/17 – 01** It was noted that mental health updates on a six monthly basis had been added to the Committee’s annual planner and Tim Miller would attend the next meeting of the Committee in January. It was agreed this action point should be closed.

1.5.2 **Action 11/10/17 – 02** Included on the agenda for discussion at today’s meeting.

1.5.3 **Action 11/10/17 – 03** It was noted that a report on winter resilience plans had been presented to the Governing Body last month. It was agreed this action point should be closed.

1.5.4 **Action 11/10/17 – 04** Included on the agenda for discussion at today’s meeting.

1.5.5 **Action 11/10/17 – 05** Rosie Peregrine-Jones reported that the public consultation on closure of OGNH had been extended and the consultation paper amended by LB Haringey to reflect improvements noted by the CQC. The consultation had ended on 12 November and Angela Sealy had advised that details of the outcome were currently awaited. It was agreed that this action point would therefore remain open for an update to be provided to the Committee in January.

2. **Quality and Safety (linked to Domain 1 of the CCG assurance domains; Are all patients receiving clinically commissioned, high quality services)**

2.1 **Information Governance (IG) Policies**

2.1.1 Steve Beeho reported that, in accordance with the IG Toolkit Workplan, four of the CCG’s IG policies had been reviewed and were now presented to the Committee for approval. The Calendar, Email and Internet Policy had been amended to reflect that all staff now used nhs.net email accounts. There had been no material changes to the other three policies as presented.

Comments and questions were invited.

2.1.2 Sarah Timms noted that the covering paper referred to staff completing mandatory IG training by 31 January 2018 and she advised that, in not being based at the CCG premises, she had found it difficult to access the E-Learning site. Steve Beeho offered to discuss outside the meeting regarding provision of an alternative version of the training module and it was agreed that Pauline Fletcher would be asked to advise regarding similar options for Safeguarding Training.

It was noted that there was a mistake in the spelling of Jennie Williams’ title on the front sheet of the Information Management Policy and this would be corrected.

2.1.3 The Committee **APPROVED** the CCG’s Calendar, Email and Internet Policy; the Confidentiality and Disclosure of Information Policy; the Information Management Policy; and the Information Security Policy.

2.2 **Improvement and Assessment Framework: Maternity Insight Visit to Maternity Department at NMUH**
### 2.2.1
Sarah Timms explained that visits undertaken as part of the Insight and Learning Programme were in order to gather intelligence on issues or concerns regarding local healthcare provision. Following an initial visit by the Insight Team the provider was required to respond to the findings and recommendations made. A follow up visit would be made to seek assurance of the action taken and that this was fully embedded. The report presented to the Committee was in relation to a joint visit by Haringey and Enfield CCGs to the Maternity Department at NMUH in July 2017. The report provided an account of the visit and the recommendations made to improve access and patient experience. Areas for further scrutiny/improvement were also summarised. A copy of the response and update by the Acting Head of Midwifery following the visit was provided.

### 2.2.2
It was discussed that The Head of Midwifery had been on leave for an extended period during the summer and Alison Oldfield had been covering as Acting Head of Midwifery for NMUH, with support from Mai Buckley, RFH Director of Midwifery. Julie Juliff emphasised that the need for strong and consistent leadership was a key factor in the quality standards achieved by the service. A Maternity Board meeting had been held last week but the NMUH Maternity Improvement Plan, due to have been updated to amalgamate CQC and Shared Intelligence Recommendations, had still not been provided. There appeared to be a “piecemeal” and reactive approach to addressing issues raised and governance seemed to be weak on a Trust-wide basis. Julie Juliff reported that the Maternity Board’s recent discussion of the backlog of SIs had raised issues regarding ownership by medical staff and a lack of sufficiently strong medical leadership, which was a serious concern given the history of leadership issues and concerns re staff culture associated to A&E at NMUH. In view of the challenges to be addressed Julie Juliff noted that it was likely that the Maternity Board would need to meet on a monthly basis in future and Jennie Williams had offered to act as chair.

### 2.2.3
Sarah Timms and Julie Juliff discussed that they were unsure as to whether the Maternity Insight visit service response had actually been presented to the CQRG. It was also noted that it had not been discussed at the Maternity Board meeting, which should be the case before discussion by the CQRG. Sarah Timms observed that the update was insufficiently clear on action taken and overly focussed on process. Actions required were overdue, such as the development of a business case on midwife staffing ratios. Julie Juliff agreed and noted that no discussion of community venues had been initiated. The actions in relation to retention of midwives did not appear to address the reasons for this problem and, although it was reported that focus groups had been held with service users, there was no detail of what had emerged. Sharon Seber noted concern that the CQC had found staffing to be fragmented along ethnic composition. She queried evidence as to whether this was being addressed by the need for leadership to reflect the staff and patient population. She noted that high absence rates and problems with retention often reflected that staff were “disenfranchised”. Julie Juliff also referred to the CQC findings noting a hierarchical structure/culture and reported that a patient had very recently reported witnessing an argument between a member of medical staff and a midwife regarding issues of care. It was noted that an external review had been undertaken to better understand the issues of organisational culture and changes made were included in the report. Rosie Peregrine-Jones noted that NMUH had advised of an internal report following the review but she did not think this had been made available. Julie Juliff commented that greater openness was experienced with other Trusts.
In acknowledging concerns that the response to the visit did not provide sufficient assurance, it was agreed to discuss this with Jennie Williams and raise the commissioner’s dissatisfaction at the next Maternity Board. It was also agreed to arrange a follow up Insight Visit to the Maternity Department in early Spring and that this would be focussed on discussion with service users and staff at all levels, rather than the formal presentational style of the previous visit. The format and requirements of the visit would be made clear in advance.

| 2.2.4 | ACTION 13/12/17 – 01 To discuss the commissioner’s dissatisfaction with the NMUH response to issues concerning the Maternity Department at the next meeting of the Maternity Board and to arrange a follow up Insight Visit to the NMUH Maternity Department for early Spring. |

Rosie Peregrine-Jones presented a report summarising quality and safety issues of note since the previous meeting of the Committee in October. The report was focused on providers for which the CCG was the lead or significant associate commissioner - NMUH, WH and BEHMHT.

| 2.3.1 | Rosie Peregrine-Jones highlighted that the report included a further update on quality and performance issues in relation to A&E at NMUH. A stakeholder oversight meeting, chaired by the NHSI London Regional Director of Performance, had been held at the end of October and there had been overall commitment from arm’s length bodies, regulatory bodies and commissioners to all work together for the benefit of patients, staff and the local community. At the beginning of December the GMC had visited the department and confirmed that improvements had been made in relation to support and supervision of trainees/junior medical staff and that no regulatory sanctions were to be made at this point. The implementation and audit of an ED Safety Checklist had recently been confirmed by NMUH and Jennie Williams had undertaken an assurance visit on 7 December to review progress. Sarah Timms commended the progress achieved in respect to A&E by Kevin Cleary, Interim Medical Director at NMUH, but it was acknowledged that this required a significant amount of his personal input and associated time. |

Rosie Peregrine Jones reported that a Task and Finish Group had explored options in relation to the dermatology service at NMUH. It was planned for a new provider to run the service from January 2018 via sub-contracting arrangement with NMUH. Seonaid Henderson advised that the services of this private provider were reportedly very good. The longer term solution would be subject to further consideration by the Contract Review Group and could involve a partnership arrangement with RFH. The Committee would be advised of developments.

One new Never Event (a retained foreign object) had been reported by NMUH in November. The Trust had subsequently requested de-escalation as it appeared the object had been left following a previous operation at another Trust. NMUH remained bottom of the national table in 2016/2017, for the second year running, in relation to responses to the National Cancer Patient Experience Survey (NCPES).

Comments and questions were invited.
2.3.3 Sarah Timms expressed concern regarding responses to the NCPES. She noted that there had been a history of poor feedback for longer than two years and she recommended that the CCG’s next Insight Visit should be focussed in this area. Rosie Peregrine-Jones advised that the Trust had reported recruitment to new posts, including a Lead Cancer Nurse. Seonaid Henderson noted she had arranged to meet the new post holder who had previous experience of working at the Homerton Hospital and was keen to work with commissioners. In response to Sharon Seber, Seonaid Henderson explained that the key issues raised by patients related to explanation and information regarding medical treatment, including issues such as side effects and also on-going care plans and support available on leaving hospital. Rosie Peregrine-Jones added that waiting times had also been raised and further detail of the responses could be provided outside of the meeting. The Trust had implemented various actions in accordance with a previous cancer action plan but this had now been reviewed and updated in view of the latest data. The revised plan had been discussed by the CCG’s Cancer Group, chaired by Dr Kate Rees, and noted to be much improved.

Sharon Seber noted that letters from hospitals regarding treatment and on-going care could be ambiguous and this applied generally, not just to cancer treatment. Seeking clarification was onerous for Practices and could lead to delays. Letters needed to be specific on requirements and patients could also be better empowered to question and ensure clarification of the information they received. Seonaid Henderson agreed this could be raised but examples would be needed and Sarah Timms suggested this could be via Quality Alerts. She also noted that the general issue of interface could be discussed with the Cancer Board. Lesley Walmsley noted the “scope creep” issues already being pursued and queried progress. Rosie Peregrine-Jones advised that this had been discussed with the new Assistant Director of Commissioning and was to be raised at clinician to clinician meetings between primary and secondary care. Sharon Seber referred to the NMUH matrix clarifying referral routes which was very helpful but not always correctly applied.

2.3.4 Sarah Timms noted the need for care in the wording of the report regarding the LUTS service at WH in that it stated “CCGs will contribute” to the development of the specification for the service going forward. She emphasised that CCGs, as commissioners, were responsible for service specifications and not Trusts. Sarah Timms also questioned whether GOS had been consulted as regards the issue of addressing access to these services for children and young people. Rosie Peregrine-Jones agreed to raise both these points with Jennie Williams.

2.3.5 **ACTION 13/11/17 – 02** To discuss the wording of the section of the Quality and Safety Report regarding the future service specification for the LUTS service at WH and also to confirm whether GOS had been consulted in respect to access to these services for children and young people.  

2.3.6 The Committee **NOTED** the Quality and Safety Report.

2.4 *Primary Care Quality Update – Quarters 1 and 2 2017/2018*
2.4.1 Cassie Williams presented an update report on the performance of Practices across Haringey in relation to quality. Highlights to note included the development of the GP Sustainability and Resilience Tool, bringing together patient experience and CQC data with complaints, QOF Information and Workforce metrics and other information. The dashboard currently included some anomalies and required further work but was a good starting point to enable better review of Practices in respect to various areas of quality performance. The £3 per head transformation fund to be invested by CCGs over two years, as part of the GP Forward View, was intended to support Practices in working differently to enable more time to see patients and strengthen internal systems. Four Haringey Practices had completed the UCLP QI Collaborative programme course focussed on improving identification and management of atrial fibrillation. Feedback had been very positive and some significant improvements had been seen demonstrating how quality improvement training had been embedded in practice. Key on-going quality concerns included the CQC rating of the Staunton Group Practice as unsatisfactory, three Practices rated as requiring improvement (Bruce Grove, Charlton House and Spur Road) and another (Hornsey Park) with one area requiring improvement.

Questions and comments were invited.

2.4.2 Sarah Timms queried whether patients were leaving the Practices with poor CQC ratings. Cassie Williams advised that patients did not seem to leave due to performance issues and were more likely to leave due to difficulties in obtaining appointments. She noted that the Staunton Practice was large and the issues involved were quite challenging in relating to leadership, staff and team relationships. Encouragingly, as demonstrated in the report, there was a lot of work underway in primary care which was focussed on development and quality improvement.

2.4.3 Sharon Seber referred to section 3.5 of the report in relation to the LCS and work undertaken to reduce strokes. She queried whether this should be amended to report that around 30 strokes had “potentially” been prevented and Cassie Williams agreed to check this with Will Maimaris.

2.4.4 Rosie Peregrine-Jones noted that the results of the GP Patient Survey showed that Haringey scores were quite low as regards getting through on the phone and waiting times and she queried plans to address these issues. Cassie Williams advised that QIST would be looking at phone systems and better options available but Practices would be responsible for funding. The issue of waiting times for appointments was very challenging due to increasing demand. Work was underway to look at plans to increase capacity, including reference to successful access work elsewhere. However, it was acknowledged that with under capacity in primary care estimated at 30% it would be extremely difficult to increase access sufficiently to meet this. Sharon Seber questioned whether hubs were being fully utilised. She also noted that there was a lack of clarity as to their use for additional capacity or just for urgent care. Cassie Williams confirmed that the hubs were not restricted to urgent care and that there should be some capacity available. Levels of usage were good and encouragingly there had been a reduction of DNAs. However, in order for more equitable use, there was a need to establish more demarcation of appointments according to specific Practices.

2.4.5 The Committee **NOTED** the update report on primary care quality issues.

2.5 **CHC Team Update**

2.5.1 It was noted that this item had been deferred until the next meeting.
2.6 Patient Safety Update

2.6.1 Patient Safety Report – Quarter 2 2017/2018

2.6.1.1 Angela O’Shea presented a report on key areas of work related to patient safety as undertaken by the CCG Quality Team in Quarter 2 2017/2018. Key points to highlight included the graphs provided to illustrate the position in relation to SIs at NMUH and associated reporting timescales, overdue reports and responses to Further Information Requests (FIR). A number of overdue FIR requests had recently been reviewed with the Trust for closure and a further meeting was to be held shortly. The impact of the Enhanced Action Plans pilot at NMUH had been evaluated last month and feedback provided to the Trust at the CQRG. A further update regarding the evaluation and the Trust’s response would be provided at the Committee’s next meeting in January.

Two Never Events had been reported by NMUH in Quarter 2 for which reports were awaited. Angela O’Shea noted the update on Harm Free Care and it was explained in the report that there had previously been a discrepancy in how Pressure Ulcer (PU) data had been reported from Care Homes. She confirmed that the number of Grade 3 & 4 PUs reported for the year to date was two (both reported in August 2017). The CCG was involved with the Health Innovation Network Pressure Ulcer Communities of Practice Group in working to provide information to people in hard to reach communities, particularly those with no previous health or social care involvement. The CCG and WH Tissue Viability Team had produced a user friendly pressure ulcer fact sheet for wide dissemination to relatives/carers, Care Homes, domiciliary care agencies, voluntary groups and community pharmacies. There had been work by WH and NMUH to develop a catheter passport for use with patients. This was aimed at reducing the incidence of CAUTI and discussion of further local adoption was to held at a forthcoming District Nurse Forum.

Details of reported cases of MRSA in quarter 2 were noted in the report. An assessment process had been established by the CCG for determining which C-diff hospital acquired infections at NMUH were relevant for the application of sanctions and the Trust Harm Free Care Panel would include the review of cases to determine any lapse in care.

Work on reducing bloodstream infections across the whole health economy was being led by NHSE in collaboration with Public Health England, with a target set for a minimum 10% reduction in E.coli infections in 2017/2018. The CCG had submitted an improvement plan to NHSI and Haringey and Islington examples demonstrated that many such infections were community acquired and related to catheters. Work was on track but the target would be challenging and similarly so for many CCGs. An update would be provided to the Committee at the next meeting in January.

Work on the LeDeR programme was on-going. A local Steering Group had been established and a Local Area Contact and organisational lead had been nominated. Training for reviewers was intensive and two were required per case. There had been one Haringey case notified in May for which reviewers had been allocated. There had been no cases notified during quarter 2.

Questions and comments were invited.

2.6.1.2 Sarah Timms queried whether there had been any improvement in the position regarding overdue SI reports at NMUH. Angela O’Shea advised that there remained a backlog. Rosie Peregrine-Jones reported that it had been discussed at the last CQRG that this was been reviewed with the Medical Director and there had been secondment of investigators to develop expertise in this area.
In relation to the work with hard to reach communities on pressure ulcers, Sarah Timms and Sharon Seber suggested checking with GP Practices if cases were not picked up or patients did not attend. It was discussed that in some instances the patients concerned could be housebound, or there could be safeguarding issues to consider if families/carers did not acknowledge the need for treatment. Angela O’Shea agreed to review the points raised.


NCL Infection Prevention and Control Report – Quarter 2 2017/2018

Angela O’Shea presented the NCL-wide Infection Control Report for quarter 2 as produced by the CSU.

It was shown that NMUH had significantly reduced the number of C-diff cases over the past years. WH was currently one case below its threshold for the year to date. NMUH had reported 154 cases of E-coli for the year to date of which 18 had been of hospital onset. WH had reported 66 cases for the year to date, 3 of which had been of hospital onset.

NMUH had reported two cases of MRSA (one in July and one in August). WH had not reported any cases in quarter 2.

The report concluded that NCL CCGs remained in line with the national average for MRSA and were below the national average for C-diff. As previously discussed there was a Quality Premium attached to the reduction of E-coli by 10% in 2017/2018 and further work was underway on changes required to achieve this.

Questions and comments were invited.

Sarah Timms commended the clear format of the report. Rosie Peregrine-Jones noted that the NMUH E-coli rate had almost doubled on the previous year and this emphasised the importance of the improvement plan. Angela O’Shea advised that numbers were increasing nationally and blood cultures had been discussed, with possible relevance to sepsis work. However, Rosie Peregrine-Jones observed that the number of cases reported by WH did not reflect such increases. Angela O’Shea suggested that this could be related to previous reporting. Sarah Timms queried whether the baseline was therefore reliable.


14/12/17 Angela O’Shea requested the addition of the following information as a post-meeting note to clarify previous E.coli surveillance:

**Clarification to Details given re: E-Coli Bacteraemia Surveillance:** Public Health England (PHE) E Escherichia coli (E. coli): guidance, data and analysis states that “enhanced surveillance of E. coli bacteraemia has been mandatory for NHS acute trusts since June 2011. Patient data of any E. coli bacteraemia are reported monthly to Public Health England (PHE). Independent sector healthcare organisations providing regulated activities have also undertaken surveillance of E. coli bacteraemia since June 2011. The government launched an initiative in April 2017, to reduce Gram-negative infections by 50% by 2021.”

Commissioning for Quality and Innovation (CQUIN) and local quality requirements (KPIs)
### 2.7.1
Rosie Peregrine-Jones presented a report summarising CQUIN and KPI achievement by key local providers in quarter 1 of 2017/2018. NMUH had achieved the majority of required milestones in quarter one. Three areas were amber rated including Offering Advice and Guidance plus e-referrals for which targets were challenging and subject to review. For WH all CQUINS had been achieved. Performance by BEHMHT was mixed with the majority of CQINS partially achieved.

Table 4 in the report provided a description of KPIs. NMUH had agreed nine KPIs as part of 2017/2019 contract negotiations and an End of Life KPI was still to be agreed. WH was submitting data on most of the agreed KPIs together with explanation for performance.

### 2.7.2
The Committee **NOTED** the Quarter 1 report on achievement of CQUINS and KPIs.

### 2.8
**Quality Premium 2016/2017 and 2017/2019**

#### 2.8.1
An updated Quality Premium report was tabled and it was agreed that this would also be circulated by email.

Seonaid Henderson explained that the Quality Premium was intended to reward CCGs for improvements in quality and the reduction of inequalities in access and health outcomes. The report provided details of performance against the associated local and national measures in 2016/2017. Performance by Medicines Management and Mental Health against local measures had been good. The amount of Quality Premium received was reduced by non-achievement of national measures. Difficulties across NCL in relation to performance against LAS, A&E and cancer targets were reflected in failure to achieve the national measures.

Details of the combination of national and local measures for the 2017/2019 Quality Premium were outlined in the report and the recommendations were as approved by the Finance and Performance Committee. Seonaid Henderson explained that achievement would be challenging. Pressures in mental health were experienced nationally and a great deal of work was underway to address issues in relation to Continuing Healthcare with local improvement plans in place. The quality of data for CHC had improved but there were problems with high turnover of staff plus budget pressures and CHC would be an area of significant on-going focus.

Questions and comments were invited.

#### 2.8.2
The level of payment for 2016/2017 (25%) and a similar forecast estimated for 2017/2019 was noted. In response to Sharon Seber, Seonaid Henderson confirmed that local achievement was generally in line with that across NCL. Progress was closely monitored and assessment of achievement updated on a monthly basis.

#### 2.8.3
The Committee **NOTED** the report and **RATIFIED** the decisions of the Finance and Performance Committee in relation to the 2017/2019 Quality Premium.

### 3.
**Patient Engagement and Experience (linked to Domain 2: Are patients and the public actively engaged and involved?)**

### 3.1
**Insight and Learning Update**

**Quality Alerts, Complaints and FOIs – Quarter 2 2017/2018**

---

9
Rosie Peregrine-Jones presented a summary of the quality alerts, complaints and FOIs submitted in quarter 2.

A table of the categories applied to quality alerts highlighted key areas and themes. Concerns continued to be raised regarding pathology services at NMUH, particularly the contracted transport of blood samples from GP surgeries. Rosie Peregrine-Jones reported that she and Seonaid Henderson were attending meetings with senior management of NMUH and the transport contract provider on a monthly basis. Local GPs had also attended the first of these meetings held last month. Some progress had been made and close oversight was being maintained. Seonaid Henderson added that this was also now a standing item for review by the CQRG. Plans to address recommendations arising from the “Scope Creep” audit had been discussed with Marco Inzani, the CCG’s new Assistant Director of Commissioning, and were to be raised at the next clinician to clinician meeting at NMUH. The Clinical Cabinet would be advised of developments.

A meeting had been held with the Director of Nursing for BEHMHT to discuss the quality alerts process and ensure clarity. WH had a robust process in place for handling quality alerts but this was being reviewed for further improvement and alignment with the process to be used with Islington CCG. There had been recent problems with NMUH not responding to quality alerts. The GP liaison officer had left the Trust earlier this year and the post had not been directly replaced. The management of quality alerts had been delegated to operational teams to respond directly and this had not proved successful. The issue had been escalated to the CQRG and CDG and it was proposed that the governance team (PALS/complaints) would process quality alerts in future with trends presented to the CQRG on a quarterly basis.

The main theme of complaints related to Continuing Healthcare and three formal complaints had been received in quarter 2. Details plus the learning from these complaints were summarised in the report and the new manager of the CCG’s CHC team would attend the next meeting of the Committee in January to provide an update on developments.

In comparison to the previous quarter there had been a 16% increase in FOI requests in quarter 2 2017/2018. The timeliness of responses had improved with 89% of requests met within the 20 day deadline.

The Committee NOTED the report of quality alerts, complaints and FOIs submitted in quarter 2 2017/2018.

### Governance (linked to Domain 4: Does the CCG have robust governance arrangements?)

#### 4.1 Strategic Risk Report

Rosie Peregrine-Jones presented an extract of the Risk Register containing the risks for which the Quality Committee had lead responsibility of oversight. Changes since the previous meeting were highlighted.

As explained in the covering narrative, Risk 10 relating to NMUH had been significantly updated and the score had been increased to reflect the current position. Additional detail had been added to Risk 40 regarding dermatology at NMUH and this was as discussed earlier in the meeting.

Rosie Peregrine-Jones advised that the report of the CQC’s visit to BEHMHT was awaited but informal feedback was positive.

The Committee NOTED the extract of the Risk Register.

Medicines Management – NHSE Consultation on items which should not routinely be prescribed in primary care
4.2.1 Sarah Timms noted the details presented regarding NHSE’s consultation on proposals to limit prescribing of a number of “low value” products and medicines available over the counter for generally time-limited/short term conditions suitable for self-care. It was also proposed to limit expenditure of gluten free foods. The covering report outlined the position in Haringey and the Committee commended local performance in relation to limiting these areas of prescribing. The Committee agreed assurance of the Medicines Optimisation Committee’s response to the consultation on behalf of the CCG. It was noted that the Clinical Cabinet had considered the consultation and would be discussing patient feedback. Sharon Seber noted that a national mandate was helpful for frontline staff dealing with prescribing requests.

4.2.2 The Committee **NOTED** the NHSE consultation proposals on items which should not routinely be prescribed in primary care.

4.3 Haringey and Islington CCG Quality Committee Options Paper Update

4.3.1 Rosie Peregrine-Jones noted that the Committee had previously discussed the potential for greater alignment of the Haringey Quality Committee and the Islington Quality and Performance Committee. A number of potential options had been considered and the Committee had concluded a preference for option two (continuing to host two individual committees for a limited time) but with the aim of working towards option one (a single joint Haringey and Islington committee) with an agreed plan of action to do so. It had also been recommended to proceed at an appropriate pace rather than within a specified timeframe of twelve months. An initial draft of a workplan in order to move towards closer alignment and convergence was provided for the Committee. Governance of performance items in Islington would be further discussed with Alex Smith, Director of Planning and Performance and it was planned to discuss the proposals at GB seminar sessions later this month. However, it was noted that the agenda for the next Haringey seminar session on 21 December was yet to be confirmed. Sharon Seber queried the timescale involved and whether Islington wished to proceed more quickly. Rosie Peregrine-Jones advised that, as per the workplan, the aim would be to proceed with discussions over the next three months.

4.4 Agenda for the next meeting of the Quality Committee on 31 January 2018

4.4.1 The draft agenda of items for the meeting on 31 January 2018 was noted. Sharon Seber queried whether a report on primary care should be included as a standing item but Rosie Peregrine-Jones advised that Cassie Williams had requested six monthly updates. It was discussed that scheduling could be reviewed but with caution on maintaining a manageable agenda of items per meeting.

5. Sub-Committee Minutes

5.1 Communications and Engagement sub-Committee

5.1.1 The Committee noted that the September meeting had been cancelled and therefore no minutes were submitted.

5.2 Medicines Optimisation Committee

5.2.1 The Committee noted the minutes of the Medicines Optimisation Committee meeting on 6 September 2017.

5.3 NCL Serious Incident Panel Meeting

5.3.1 The Committee noted the minutes of the NCL Serious Incident Panel meeting on 31 October 2017.

6. CQRG Minutes
<table>
<thead>
<tr>
<th>6.1</th>
<th>NMUH CQRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.1</td>
<td>The Committee noted the minutes of the NMUH CQRG meeting on 27 October 2017.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.2</th>
<th>Whittington Health CQRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2.1</td>
<td>The Committee noted the minutes of the Whittington Health CQRG meeting on 18 October 2017.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6.3</th>
<th>Barnet, Enfield and Haringey MHT CQRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.1</td>
<td>The Committee noted the minutes of the BEH MHT CQRG meeting on 26 October 2017.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7.</th>
<th>ANY OTHER BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>There were no other items of business.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8.</th>
<th>DATE OF NEXT MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.1</td>
<td>31 January 2018</td>
</tr>
</tbody>
</table>