

Minutes
Meeting of the Haringey Clinical Commissioning Group Quality Committee

Wednesday 23 August 2016 at 2.30pm-4.30pm

Meeting Room 7, Level 4, River Park House

Present:

Sarah Timms	ST	Governing Body Nurse Member and Chair of the Quality Committee, Haringey CCG
Sharon Seber	SS	Primary Care Health Professional Governing Body Member South East, Haringey CCG
Karen Baggaley	KB	Assistant Director of Quality and Nursing, Haringey CCG
Lesley Walmsley	LW	Patient Representative
Swetlana Wolf	SW	Head of Quality Assurance, CSU
Cassie Williams	CW	Assistant Director of Primary Care Quality and Development
In attendance:		
Pauline Fletcher	MB	Designated Nurse Safeguarding Children, Haringey CCG (present for items 2.3)
Maritess Murdoch	HA	Safeguarding Adults Lead, Haringey CCG (present for Item 4.1)
Michael Corbluth	MC	Mental Health Continuing Health Care Nurse
Preet Tiheam	PT	Minutes

1.	INTRODUCTION	Action
1.1	Apologies for Absence	
1.1.1	Apologies were received from Jennie Williams, Catherine Herman, Steve Beeho and Rosie Peregrine-Jones.	
1.2	Declarations of Interest	
1.2.1	There were no declarations of interest.	
1.3	Chair's Introduction and Opening Remarks	
1.3.1	The chair welcomed all.	
1.4	Minutes of the Previous Meeting	
1.4.1	The minutes of the last meeting are recorded as accurate.	
1.5	Matters Arising/Action Log	

1.5.1	<p><u>Action 29/06-01</u>: Karen Baggaley reported that an email has been sent to Whittington Health asking what the Trust's plans were to address the high turnover figure for community nursing staff (30%) at WH reported in February 2016 and asking if WH can split reporting of turnover for community qualified and nonqualified nurses as there was a particular issue re lone working issues identified in exit interviews with HCA's.</p> <p>The workforce item is now due to be discussed at the Whittington Health CQRG in September 2016 and feedback from this meeting will be circulated to the committee members via email.</p>	
1.5.2	<p><u>Action 29/06-02</u>: Karen Baggaley clarified that this action is related to a question regarding the number of 'deteriorating patient' Serious Incidents at NMUH and whether NMUH was an outlier.</p> <p>Swetlana Wolf reviewed the numbers of SIs with this theme with other hospitals across North Central London (NCL) and found that NMUH was not an outlier when bed base was taken into account.</p> <p>Whittington Health had a higher pro rata number of SIs related to deteriorating patients than North Middlesex Hospital when numbers of beds are taken in to account.</p> <p>The committee was reminded that the deep dive review of SIs at NMUH undertaken by Rosie Peregrine-Jones some months ago included SIs where an aspect of deterioration of condition was noted but was not the category used to describe the SI, as well as those SIs where the theme of the SI was recorded as 'deteriorating patient'.</p> <p>The review undertaken by Swetlana Wolf was only able to compare declared 'deteriorating patient' SIs as any other review would require a deep dive into all the SIs across all the hospitals.</p> <p>In response to the Chair, Swetlana Wolf reported that a deep dive could be conducted, but this would be a large piece of work and questioned the value this would add.</p> <p>Sarah Timms requested Swetlana Wolf to liaise with Rosie Peregrine-Jones to gain her opinion as to whether a deep dive across some or all of the NCL trusts would be useful.</p>	
	<p>Action 24/08-01: Swetlana Wolf to liaise with Rosie Peregrine-Jones to gain her opinion as to whether a deep dive into 'deteriorating patient' SIs across some or all of the NCL trusts using the same methodology as Rosie's deep dive would be useful.</p>	
1.5.3	<p><u>Action 29/06-03</u>: This action is due in December 2016</p>	
1.5.4	<p><u>Action 29/06-04</u>: This action is due in December 2016</p>	

1.5.5	<u>Action 29/06-05</u> : The committee noted that the action does not state who Catherine Herman would be liaising with in terms of seeking assurance regarding Trust Board oversight of SIs at NMUH. Sarah Timms asked whether Karen Baggaley could liaise with Jennie Williams in order to provide an update at the next meeting.	
	Action 24/08-02: Karen Baggaley to ask Catherine Herman/Jennie Williams for an update on this action.	
1.5.6	<u>Action 29/06-06</u> : Cassie Williams provided an update on behalf of Catherine Herman. Cassie explained that financial due diligence would occur if an expression of interest for level 3 commissioning was voted for by the CCG membership. Cassie informed that oversight of the process is reviewed through the Primary Care Transformation Group.	
1.5.7	<u>Action 29/06-08</u> : Cassie Williams reported that the GP Friends and Family Test (FFT) data can be provided in future, however, the committee were informed that FFT data for practices are not standardised. Cassie Williams reported that although the contract expectation is for monthly submission, 13 practices have not submitted their FFT scores. 3 practices have scored lower than 70% but one of those 3 practices has only 6 patients. Cassie suggested it would be more useful to provide the data from the patient survey which takes place 6 monthly. Sharon Seber agreed and confirmed that data from patient survey would be more informative and useful. It was therefore suggested for a conversation to be held outside of the committee to decide which data would be more useful for the committee to review, bearing in mind that the survey is done 2 times a year.	
1.5.8	<u>Action 29/06-10</u> : This action is now complete.	
1.5.9	<u>Action 29/06-11</u> : This action is now complete.	
1.5.10	<u>Action 29/06-12</u> : This action is now complete.	
1.5.11	<u>Action 29/06-13</u> : This action will be carried forward to October meeting.	
1.5.12	<u>Action 29/06-14</u> : This action is now complete.	
1.5.13	<u>Action 29/06-15</u> : This action is now complete.	
	Action 24/08-03: Jennie Williams and team to consider how items for a focussed presentation to quality committee are to be decided.	
2.	Quality and Safety (linked to Domain 1 of the CCG assurance domains; Are patients receiving clinically commissioned, high quality services)	
2.1	Quality and Safety Report	
2.1.1	Karen Baggaley presented the quality and safety report on behalf of Jennie Williams, which provided an overarching picture of the performance of the main providers in relation to the key performance indicators (KPIs) and quality metrics. Karen explained that appendix 1 is a quality pack generated by the CSU that provides detailed information at Trust and CCG level.	

2.1.2	Karen Baggaley reported that due to the recent publication of the NHS Reset Guidance, the CCG are now required to agree contracts for a two year period starting from April 2017. A new model is currently being developed by the CCGs across NCL which will be aligned with the Five Year Forward View as well the local strategies such as the NCL Sustainability and Transformation Plan (STP).	
2.1.3	Karen Baggaley informed the committee that the issues around A&E workforce at North Middlesex Hospital have been addressed and that the General Medical Council (GMC) have reported that they are currently satisfied with the A&E department's medical rota. Further assurance is being sought regarding sustainability and plans are being scrutinised for when the senior doctors on loan from other acute trusts leave in December 2016. It was informed that Health Education England (HEE) will be continuing to work closely with NMUH to address the wider issues around education and training for medical and non-medical staff.	
2.1.4	Karen Baggaley reported that further assurance is being sought from the Trust via the action plan associated with the undetected death in A&E in December 2015. This is being reviewed at the Trust's Serious Incidents (SIs) Meeting, which is chaired by Cathy Cale, Medical Director. Rosie Peregrine-Jones attends this meeting on behalf of HCCG.	
2.1.5	The committee were asked to note that the CCG are in the process of agreeing a date for the commissioners to review the clinical harm review of patients who have waited more than 100 days for cancer treatment.	
2.1.6	Karen Baggaley informed the committee that an audit will be undertaken by Jennie Williams on 25 August 2016 with NMUH in relation to the 12 hour trolley breach reported in April 2016.	
2.1.7	The committee were asked to note that NHSE and the CQC are working with Marie Stopes International Clinics to ensure that patients are protected from harm when undergoing terminations. Sharon Seber queried whether communication could be circulated to GP practices to instruct them not to direct patients under 18 years old to Marie Stopes. Cassie Williams agreed to take this action forward.	
	Action 24/08-04: Cassie Williams to arrange communication to be sent out to GP practices to advise them to cease directing patients under 18 years of age to Marie Stopes Clinics until the quality and safety concerns are resolved.	
2.1.9	The committee noted the quality and safety report.	
2.2	Combined Adults and Children's Safeguarding Briefing	
2.2.1	Pauline Fletcher presented the combined adult and children's safeguarding briefing for quarter 1 to the committee.	
2.2.2	Pauline Fletcher reported that the option of reporting GP training data will be agreed at the next HCCG Safeguarding Assurance Meeting on 6 September 2016. Pauline reported that the CCG will continue to provide training for GPs and will also continue to maintain an internal database. The next training session will be held in October 2016 with Neglect being the overarching theme of the training.	

2.2.3	Pauline Fletcher briefed the committee on the Domestic Abuse Diagnostic evaluation that was held 19-21 July 2016. The diagnostic involved 9 cases that was evaluated by an inspection team, which included HCCG Designated Nurse for Safeguarding Children. The methodology of the diagnostic was explained to the committee. Pauline informed that the feedback from the evaluation is due to take place on 18 August. A report will be presented to the quality committee at the next meeting.	
2.2.4	Pauline Fletcher asked the committee to note that the final report for Child R was presented to the HSCB on 27 June. Pauline reported there was very little media coverage regarding the Serious Case Review (SCR) for Child R.	
2.2.5	Michael Corbluth was welcomed by the committee, who attended on behalf of Hazel Ashworth, to present the action plan resulting from an internal management review (IMR) recently completed by HCCG .	
2.2.6	Michael Corbluth explained that a Safeguarding Adult Review (SAR) was recently undertaken by the Northamptonshire Safeguarding Adult Board on about a service user (anonymised as CM) where HCCG Continuing Health Care (CHC) Team had involvement. The key themes that were highlighted in this review included accurate recording times and panel procedures being more robust. Michael informed the committee that the CM action plan to address the learning is being overseen by Hazel Ashworth.	
	Action 24/08-05: Progress on the CM action plan to be reported to the Quality Committee in December 2016	
2.2.7	The committee noted the safeguarding adults and children briefing.	
2.3	Safeguarding Adults Policy and Procedure	
2.3.1	Karen Baggaley presented the updated Safeguarding Adults Policy and Procedure to the committee where it was explained that the policy reflects changes in accordance with the London Multi Agency Adult Safeguarding Policy & Procedures and the revised Care Act Safeguarding Adult guidance 2016. The amendments made have been outlined in the coversheet of the report for ease of reference.	
2.3.2	Karen Baggaley reported that although the policy and procedure is a lengthy document, operational staff within the CHC team and care homes team are happy with the layout. Karen welcomed the committee to provide any suggestions and recommendations.	
2.3.3	A number of committee members commented on the length of the document. It was questioned whether 2 separate documents would be more useful – separating the policy from the procedure. The committee highlighted that the policy and Procedure was repetitive but acknowledged that this was because some information was repeated in different areas so that it could be used by staff accessing specific parts only. It was recommended that the use of the policy needs to be considered, i.e. as a reference or as a live document.	

2.3.4	The committee requested that the policy and procedure document to be reviewed in 12 months' time to review how useful staff have found the format of the policy.	
	Action 24/08-06: Preet Tiheam to add review of the policy/procedure onto the forward planner.	
2.3.5	The committee noted the Safeguarding Adults Policy and Procedure	
2.4	Safeguarding Strategy	
2.4.1	Pauline Fletcher presented the safeguarding strategy and work plans to the committee and explained that the strategy is being presented for approval after the comments received at the last meeting. The committee congratulated Hazel and Pauline on the work done around developing the safeguarding strategy.	
2.4.2	Pauline Fletcher asked the committee to agree on the timescale of when the strategy is reported to the committee. Pauline proposed for the strategy to be agreed at the Haringey CCG Safeguarding Assurance Group before being presented for approval at the Quality Committee every 6 months. The committee were in agreement with this proposal.	
2.4.3	With reference to IRIS lead, Cassie informed the committee that the lead for the IRIS Project is likely to move over to the Primary Care Directorate from September 2016.	
2.4.4	Karen Baggaley expressed her concerns around the CCG not having an accountable safeguarding adult GP lead, which was previously led by Sherry Tang. Cassie Williams reported that conversations are being held within primary care around clinical leadership and agreed to take this action forward. Karen informed Cassie that there are currently no meetings for the Safeguarding Adult clinical lead to attend as of yet, but Hazel Ashworth would meet with the clinical lead and highlight any key issues. Cassie Williams will provide an update at the next meeting.	
2.4.5	Action 24/08-07: Cassie Williams to provide an update on appointing a GP lead to take on safeguarding adult clinical role	
2.4.6	The Committee noted and approved the amended Safeguarding Strategy	
3.	Patient Engagement and Experience (linked to Domain 2: Are patients and the public actively engaged and involved?)	
	<i>No reports were presented for this item</i>	
4.	CCG Quality Assurance Programmes 2014-2015 (linked to Domain 3: Are CCG plans delivering better outcomes for patients?)	
4.1	Care Homes Q1 Report	
4.1.1	Tess Murdoch presented the Care Homes report for quarter 1 2016/17 to the committee. Tess reported that the report provides details of the activity and performance in care homes in relation to quality during quarter 1.	

4.1.2	Tess Murdoch informed the committee that Angela Sealy, Quality Assurance Manager will be joining the Care Homes team on 5 th September and that will assist with the capacity levels when it comes to care homes visits. In response to a question from Sarah Timms, Tess confirmed that review visits take place 6 monthly as reported in section 2 of the report.	
4.1.3	The committee were informed that there were 54 admissions from Care homes to hospitals in Q1. A rapid response pilot is due to commence in the two care homes with the highest number of 999 call outs in Haringey. One of the pilot's aim is to reduce avoidable admissions to hospital. In response to Sharon Seber's query, Tess confirmed that a high number of calls were made by a single patient and that this patient was admitted to a number of different hospitals. Haringey CCG and NNUH will be holding Diabetic and Infection Control training sessions with Angela O'Shea, Quality Assurance Nurse for Haringey CCG.	
4.1.4	Sarah Timms noted that the report has a great deal of information but that some of it makes reference to 2014/15. Sarah requested that in future, the report is shorter, uses trend date over the previous 12 months and suggested that the report should state the aims of the team, whether these aims have been achieved and if not, why not.	
4.1.5	Cassie Williams raised the governance issue around patient identifiable data being accessible to CCG staff and whether this is appropriate. In response to this, Karen Baggaley clarified that the Continuing Health Care Team and the Care Homes team access patient identifiable information to review quality and patient safety. The security of the confidential data is articulated within the data mapping exercise as part of the annual information governance review. Sarah Timms agreed that there needs to be a guidance available around data protection and that a briefing should be circulated for the quality committee to agree. Karen informed that in her role as Caldicott Guardian she will seek advice from other CCGs.	
4.1.6	Action 24/08-08: A briefing to be circulated for the quality committee to agree in relation to CCG staff accessing patient identifiable data.	KB
5.	Governance (linked to Domain 4: Does the CCG have robust governance arrangements?)	
5.1	Risk Register – Quality Risks	
5.1.1	Karen Baggaley presented an extract of the risks that are held by the Quality Committee on behalf of Jennie Williams	

5.1.2	<p>Karen highlighted that Risk 10 relates to A&E targets that is mentioned in the quality and safety report under item 2.1.</p> <p>Risk 26 is in relation to Barnet, Enfield and Haringey Mental Health Trust CQC report. Karen informed that the CQC report provides a list of “must do” and “should do” improvements for the Trust. The Trust has not yet agreed an action plan as they are seeking additional financial support from the CCGs in order to implement the plan. BEH-MHT has been asked to provide clarity on the reasons why additional funding is required to implement the improvements set out by the CQC. The Trust were asked to provide a response by 28 August. An update will be provided at the next Quality Committee meeting.</p>	
	Action 24/08-09: To provide information regarding the implementation of the improvements set by the CQC for BEHMHT at the next meeting.	
5.1.3	<p>Swetlana Wolf asked whether the long term sickness of both the Director of Quality and the Director of Performance at Enfield CCG has had an impact on the monitoring of quality and performance for BEH-MHT. Karen informed that at the last JPQ meeting, Jane Pike ECCG Director of Operations (who chaired the last Joint performance and Quality (JPQ) committee was well supported by colleagues in the performance and quality directorates in Enfield CCG. These meetings are regularly attended by Rosie Peregrine-Jones and Shelley Shenker from HCCG.</p>	
5.1.4	The committee reviewed the extract of the risk register	
5.2	Caldicott Guardian Report	
5.2.1	<p>Karen Baggaley presented the Caldicott Guardian report to the committee. Karen explained that the presentation provided the committee with assurance that the CCG meets its responsibility in relation to protecting the confidentiality of patients and service users and the enablement of appropriate information sharing.</p>	
5.2.2	<p>Sarah Timms questioned whether the Governing Body was aware of who the Caldicott guardian for the CCG is. Sharan Seber confirmed that the Governing body members are informed of this information via the GP Practices and several other reports. The governing body members are also aware of the role of a Caldicott Guardian via the mandatory information governance training.</p>	
5.2.3	<p>Karen Baggaley assured the committee that discussions are taking place to confirm replacement arrangements for when Karen leaves the organisation on 9 September.</p>	
5.2.4	The committee noted the Caldicott Guardian report	
6.	Sub-Committee Minutes	
6.1	Communications and Engagement sub-Committee	
6.1.1	There were no minutes to note.	
6.2	Medicines Management Committee	
6.2.1	The Committee noted the minutes of the Medicines Management sub-Committee meeting on 4 May 2016.	

6.3	Insight and Learning sub-Group	
6.3.1	The Committee noted the minutes of the Insight and Learning sub-Group meeting on 20 April 2016.	
6.4	NCL Serious Incident Panel Minutes	
6.4.1	There were no minutes to note.	
6.5	Safeguarding Children Assurance Meeting	
6.5.1	There were no minutes to note.	
7.	CQRG Minutes	
7.1	NMUH CQRG	
7.1.1	The Committee noted the minutes of the NMUH CQRG meeting on 27 May and 24 June 2016.	
7.2	Whittington Health CQRG	
7.2.1	The Committee noted the minutes of the Whittington Health CQRG meeting on and 15 June 2016.	
7.3	Barnet, Enfield and Haringey MHT CQRG	
7.3.1	The Committee noted the minutes of the BEH MHT JPQ meeting on 26 May 2016.	
7.4	UCLH CQRG	
7.4.1	The Committee noted the minutes of the UCLH CQRG meetings on 7 June and 5 July 2016	
8	Any Other Business	
8.1	No other business was discussed.	
9	DATE OF NEXT MEETING	
	12 October 2016 2.30-4.30pm Room 7, Level 4, River Park House	