

Agenda item: 7.3

Subject:	Quality and Patient Safety Assurance Committee Minutes, December 2014
Presented by:	Joanna Yellon, Director of Quality Assurance
Submitted to:	Part 1 - Governing Body
Date:	24 March 2015

Purpose of paper:

Information

Executive Summary:

The Quality and Patient Safety Assurance Committee is a committee of the Governing Body, as such its minutes are received by the Governing Body to report on the work of the committee.

The draft minutes for the meeting of 3 February 2015 are attached.

Recommendation to Governing Body:

The Governing Body is asked to note the attached minutes.

Key Risks	
Clinical:	<i>The Quality and Patient safety committee reviews quality issues in detail and provides assurance to the Governing Body accordingly.</i>
Finance and Performance:	High potentially
Impact Assessment (environmental and equalities):	<i>Low</i>
Reputation:	High potentially
Legal:	<i>None at present</i>
Resource Required:	None
Reference document(s):	None

GOVERNANCE

Process/Committee approval with date(s) (as appropriate)	<i>Quality and Patient Safety Assurance Committee.</i>
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South Norfolk Clinical Commissioning Group

**Meeting of South Norfolk Clinical Commissioning Group (SNCCG)
Quality and Patient Safety Assurance Committee Meeting (QPSAC)**

**10.30am – 12.00pm
Tuesday 3 February 2015**

**Meeting Room GF1, Lakeside 400, Old Chapel Way, Thorpe St Andrew
Norwich, NR7 0WG**

Draft / Unapproved Minutes

Chair: Dr Hilary Byrne, Governing Body Member, SNCCG (HB)

Attendees:

Gwyneth Wilson	Registered Nurse, Governing Body (GW)
Howard Stanley	Senior Nurse, Adult Safeguarding, Norfolk CCG's (HS)
Karen Ward	Quality and Patient Safety Manager, SNCCG (KW)
Joanna Yellon	Director of Quality Assurance, SNCCG (JY)
Lisa Read	Clinical Quality and Patient Safety Manager, North East London Commissioning Support Unit (NELCSU) (LR)
Mark Gower	Designated Nurse Looked After Children & Deputy Safeguarding Children, Norfolk and Waveney CCGs (MG)
Nicola Trepte	Governing Body Member, Clinical Member - Secondary Care Doctor, SNCCG (NT)
Patricia Drewery	Risk and Project Support Officer, SNCCG (PD)
Rowan Slowther	Infection Control, Norfolk County Council (NCC) (RS)
Sonia Bright	Minutes: Business Support, SNCCG (SB)

Part Attendee:

Heidi Davey Governance Support Officer, SNCCG (HD)

ITEM

1.	<p>Introductions & Apologies Iain Taylor-Allen Performance Manager, SNCCG, (IT-A) Caroline Lester Infection and Prevention Control Nurse, Norfolk County Council (NCC)</p> <p>HB welcomed GW to SNCCG and the QPSAC.</p>
2.	<p>Declarations of conflicts of Interest GW made two declarations of conflicts of interest.</p>
3.	<p>Notification of urgent items No items identified.</p>

4.	<p>Items Exempt under the Freedom of Information Act Any patient identifiable data and commercially sensitive information has been redacted as appropriate.</p>
5.	<p>Minutes of previous meeting – 2 December 2014 The QPSAC minutes for the meeting Tuesday 2 December 2014 were approved and signed as a true and accurate record.</p>
6.	<p>Matters Arising & Action Log Notification of urgent items The action log dated Tuesday 02 December 2014 was reviewed and updated.</p>
7.	<p>CSU Quality & Safety Report LR presented the circulated South Norfolk Key Provider Report to the QPSAC.</p> <p>Norfolk Community Health & Care (NCH&C) There figures on Pressure Ulcers (PU) and Falls remain a concern as there is no improvement. LR confirmed that in the past BC has attended the PU Validation meetings and there has been no assurance that learning is being fed back. This will be raised again to move it forward as it seems the severity of the PU are increasing.</p> <p>GW asked that from the breakdown by locality data that SNCCG reported significantly higher numbers and asked for a reason, also sort assurance on how NCH&C ensures that grade 2 PU do not move to a grade 3.</p> <p>Safety Thermometer It was raised this detail is not included in the Provider Report and as reported Nationally it is required. ACTION: LR to include the Safety Thermometer data in the SNCCG Provider Report.</p> <p>Norfolk and Suffolk Foundation Trust (NSFT) NSFT have received their CQC Report and the details were presented at Summit meeting on Monday 2 February 2015. From the report there are 23 must do actions. NSFT are now in Special Measures and an action plan is expected within 30 days. JY and Jane Sayer have monthly 1:1 sessions ahead of the NSFT Clinical Quality Review Meeting (CQRM) meeting and will use this time to monitor the progress of the action plan. This will also be monitored via the CQRM meetings.</p> <p>Norfolk and Norwich University Hospital (NNUH) Staffing There were 75 red flag episodes relating to patient care. Each of these relate to NICE staffing guidance. NNUH is to provide NELCSU with a breakdown of the incidents which will be evidenced in the key provider report. ACTION: LR will confirm with NNUH what is done with regards to the red flag incidents, evidence how they are resolved, confirm the criteria for closure and report on any learning.</p> <p>Maternity Services QPSAC requested figures to support the details in the report. ACTION: LR to include figures in the report for maternity to support the evidence reported.</p>
8.	<p>Safeguarding</p> <ul style="list-style-type: none"> • Children <p>Safeguarding Children Annual Report MG presented the circulated 2013/14 Safeguarding Child Annual Report received by the QPSAC members.</p>

	<p>Children's Safeguarding Q3 Report MG presented the circulated Q3 Children's Safeguarding Report received by the QPSAC members.</p> <p>Adult Safeguarding Q3 Report HS presented the circulated Quarter 3 Adult Safeguarding Report received by the QPSAC members.</p>
9.	<p>Complaints/Freedom of Information (FOI) Requests</p> <ul style="list-style-type: none"> • FOI HD provided QPSAC with a verbal update on FOIs highlighting that there have been 21 requests received for December 2014. New trends and themes have been identified. To date there has been a 100% response rate with no breaches reported in the last two months. • Complaints 2 formal complaints have been received for December 2014 from NELCSU. <p>1 enquiry had been received by SNCCG which had the potential to be escalated to a complaint. This has now been resolved with the patient being satisfied with the response of the CCG.</p>
10.	<p>Clinical Risk Register PD presented the circulated Clinical Risk Register. QPSAC had general discussions around each of the risk items identified.</p>
12.	<p>Infection Control</p> <ul style="list-style-type: none"> • Clostridium Difficile (CDI) Improvement Plan 2015 – 16 KW and RS presented the circulated Clostridium Difficile (CDI) Improvement Plan 2015/16 to QPSAC. No additional comments have been received since circulation. GW commented that on review the completion dates seen to be far into the future. GW suggested the dates be replaced with 'ongoing'. <p>QPSAC approved the Clostridium Difficile (CDI) Improvement Plan 2015/16 in principle with the modification to the dates.</p> <ul style="list-style-type: none"> • Infection Prevention & Control 2014/15 Report – Quarter 3 RS presented the circulated Infection Prevention & Control 2014/15 report to QPSAC highlighting; <p>Community Clostridium Difficile (CDIFF) Route Cause Analysis (RCA) RS confirmed a new Liaison Nurse has been appointed and is expected to join the team in one month, a further post is still be recruited too to be based with CHC Infection Control.</p> <p>Care Homes A nurse has been recruited for a 6 month period to look at the Care Home Audits.</p> <p>CDIFF To the end of December 2014 there have been 59 cases for Community and Acute. A further report will be provided with and end of year overview.</p> <p>Methicillin Resistant Staphylococcus Aureus (MRSA) The MRSA bacteraemia trend for acute trusts remains excellent with no cases for 34 months. There have been 0 MRSA Community bacteraemia cases attributed to the community in Quarter 3 2014/15 against a target of zero.</p> <p>Concerns RS raised an issue that the Infection Control team has recently had a request from Primary Care for</p>

	<p>advice on new builds and estates. With NHS England leading on Primary Care a formal process needs to be drafted as NHS England are advising it is the responsibility of the responsible Commissioner.</p> <p>ACTION: JY to look at the history detail with Jocelyn Pike, Chief Operating Officer before confirming CCG commitment.</p>
13.	<p>Care Homes Update</p> <p>Chris Turner will provide an updated Care Homes report following this meeting for circulation.</p>
14.	<p>Feedback from CQRM meetings</p> <ul style="list-style-type: none"> • NCHC – MC Concerns have been raised regarding assurance received at this meeting on a number of areas. • NSFT – JY No additional items to those previously discussed. • NNUH No additional items to those previously discussed. • OOH/111 No additional items to those previously discussed.
15.	<p>Any Other Business</p> <ul style="list-style-type: none"> • Meetings for 2015 SB to review the scheduled QPSAC meeting dates with the amends to Senior Management Team (SMT), Leadership Team (LT) and Governing Body (GB) meeting dates. <p>ACTION: SB to review the scheduled meetings date to ensure they are still in line with the SMT, LT and GB meetings and circulate to QPSAC.</p>
<p>Date of next meeting: Tuesday 3 March 2015, 10.30 – 12.30pm</p> <p>SNCCG, Lakeside 400, Ground Floor 4</p>	
<p>Identified Items for the next Agenda</p>	