

Enfield CCG Quality and Safety Committee Minutes		
Date and time:	Wednesday 1 March 2017 14.00pm – 16.00pm	
Venue:	Committee Room Enfield CCG Holbrook House	
Chair:	Angela Dempsey (AD) Chair & Governing Body Registered Nurse	
Members Present	Angela Dempsey (AD) Jahan Mahmoodi (JM) Karen Keane (KK) Edmund Nkrumah (EN) Karen Trew (KT) Dr Roberts Elkeles (RE) Dr Jarir Amarin (JA) Carole Bruce-Gordon (CBG) Tha Han (TH) Bridget Pratt (BP) Rosalind Murphy (RM)	Governing Body Registered Nurse CCG Clinical Director CCG Head of Clinical Quality CCG Head of Performance and Informatics CCG Lay Member CCG Secondary Care Doctor Vice Chair and GP Locality Lead CCG Acting Director of Quality & Integrated Governance Local Authority Public Health Representative CCG Ass. Director of Quality, Governance & Risk CSU Clinical Quality Assurance Manager
In Attendance:	Mary Sexton (MS) Barbara Korszniak (BK) Vicky Pemberton (VP) Emma Casey (EC) Vivienne Ahmad (VA) Myra Stanislaus (MSL)	Executive Director of Nursing, Quality and Governance, BEHMHT Ass. Director of Corporate Services & Head of CHC Interim Clinical Quality Lead Clinical Governance & Quality Assurance Lead Risk Governance Manager CCG Executive Assistant (Minutes)
Apologies:	None received	

		Action
1.1	<p>Welcome, Apologies and Declarations of Interest</p> <p>Angela Dempsey (AD) opened the meeting. Introductions were made. There were no apologies.</p> <p>No declarations of interest in relation to items on the agenda were raised.</p> <p>Changes to the declarations of interest form were noted for Dr Jahan Mahmoodi (JM) and Dr Jarir Amarin (JA). These changes did not introduce any conflicts of interest in relation to items on the agenda.</p>	
1.2	<p>Chair's Introduction and Opening Remarks</p> <p>The Chair expressed her intention to reorder the agenda items to allow invited members of staff to present their item(s) and leave the meeting.</p> <p>Note: For ease, the minutes will be noted as per the stated agenda.</p>	

<p>1.3</p>	<p>Minutes of the last meeting Wednesday 4th January 2017</p> <p>The minutes were APPROVED as an accurate record of the meeting subject to the following amendment;</p> <ul style="list-style-type: none"> Page 5 bullet point 5 'The Committee was advised that the full Trust wide action plan would be presented by Haringey CCG at the February CQRG' should read : 'The Committee was advised that the full Trust wide action plan would be presented by North Middlesex Hospital to the February CQRG'. 	
<p>1.4</p>	<p>Action Log</p> <p>Progress against the actions was noted on the Action Log.</p>	
<p>1.5</p>	<p>Matters Arising</p> <p>There were no matters arising.</p>	
<p>2.0</p> <p>2.1</p>	<p>BEHMHT Improvement Plan</p> <p>BEHMHT CQC Improvement Plan Presentation</p> <p>Mary Sexton (MS) gave a presentation the BEHMHT Action Plan following the CQC inspection in December 2015.</p> <p>There inspection saw 94 inspectors visiting the Trust; all core services were visited apart from eating disorders and substance misuse.</p> <p>The inspection team were not able to visit every team in every borough but did visit all borough teams in relation to core services such as Inpatients, Crisis and Treatment Team and Community Support Recovery Team. Some teams had visits which lasted a couple of hours and some teams had a full day visit.</p> <p>The 'Caring' domain was good or outstanding across the board.</p> <p>MS confirmed that that in order for an action to be rated as green, it must have clear, auditable evidence behind it.</p> <p>KT commented that the information was really helpful and asked how it is relayed to staff in terms of themes and trends identified for improvement. MS confirmed that it's four key areas; staffing, environment, level of psychological therapies in inpatients wards and CAMHS waiting times.</p> <p>There were issues around high vacancy rates and high reliance on agencies and bank staff at the time of the inspection. In relation to continuity of care and continuity of risk assessment that will affect the service users experience.</p> <p>JA asked if there was anything that the Trust could take from the Forensic wards' high ratings. MS replied that forensics was commissioned a different way.</p> <p>RE asked about the St Ann's site and the fact that the premises had been assessed as inadequate and wanted to know what could be done about it. MS replied that there are systems in place to get St. Ann's developed. The business case is moving to the next stage.</p>	

	<p>The improvement plan is currently reviewed through the Joint Performance & Quality (JPQ) meeting with commissioners and the Trust.</p> <p>ST highlighted the significant issues regarding limited assurance and that, for greater assurance, the improvement plan would need to be received on a much more frequent basis.</p> <p>MS explained that the plan is monitored and discussed at the Trust Improvement Board and reviewed by the Trust Safety & Quality Committee who report to the Board.</p> <p>The Committee discussed the action plan and frequency of when it would be shared with commissioners. It was agreed that the Trust would send their entire CQC Improvement Plan to Enfield CCG by 10th March 2017 and quarterly thereafter.</p> <p>It was noted that CQC have advised the Trust that they will revisit in Q1 2017/18 but that the 20-week notice period had not yet been started.</p> <p><i>MS left the meeting at this point.</i></p> <p>Following MS's exit, the Committee discussed the following points;</p> <ul style="list-style-type: none"> • It's apparent that the Trust are facing a challenge in getting the evidence to support their plan • As commissioners we are not satisfied and need to request support • The related risk on Datix needs to be strengthened • Focus must be on the regulation notices served by the CQC • A formal letter of concern should be issued to the Trust outlining how commissioners expect the improvement plan to be shaped. This should be linked to the requirement notices issued by CQC and where the NHS standard contract has been breached • Monitoring the Trust's improvement through contract management levers <p>ACTION: Formal letter to BEHMHT outlining commissioners concern with CQC actions and how the improvement plan should be shaped</p> <p>ACTION: Strengthen BEHMHT CQC Improvement Plan risk on Datix</p> <p>RESOLVED: The Quality & Safety Committee;</p> <ul style="list-style-type: none"> • Noted the verbal presentation • Noted the agreement that the Trust would send their entire CQC Improvement Plan to Enfield CCG by 10th March 2017 and quarterly thereafter 	<p>CBG</p> <p>BP</p>
<p>3.0</p> <p>3.1</p>	<p>CSU/CCG Quality Assurance Reports CSU Exception Report (M10)</p> <p>Condensed CSU ICMR – CSU Exception Report (M10) Rosalind Murphy presented the Condensed CSU Integrated Exception Report for Month 10.</p> <p>The main points highlighted were as follows:</p>	

<p>3.2.1</p>	<ul style="list-style-type: none"> • NMUH are currently non-compliant with the national diagnostic target • RFL 62-day cancer trajectory has been revised from December 2016 to March 2017 • LAS are not meeting minimum response times pan-London. Performance in Enfield, Barnet & Haringey is exceptionally poor • A CQC inspection will take place at LCW on 2nd & 3rd March <p>AD requested that a review of system resilience for the winter period 16/17 is brought to the next meeting to review effectiveness and lessons learnt and to prioritise changes for next year.</p> <p>RM confirmed that there has been no evidence of harm identified through delayed ambulance response times. The LAS Trust have an internal mechanism to report identified harm, the thematic outcomes of which are fed into Serious Incident and CQRG reports.</p> <p>KT queried what has happened at the podiatry service as performance has dropped since November 2016. RM commented that the service is currently going through a recruitment drive.</p> <p>RESOLVED: The Quality & Safety Committee noted the report.</p> <p>Cancer Quality Key Lines of Enquiry</p> <p>Rosalind Murphy presented the Acute Provider Quarter Three 2016/17 Cancer Report.</p> <p>The main points highlighted were as follows::</p> <ul style="list-style-type: none"> • NMUH - A focussed Cancer discussion is due to take place at the April CQRG meeting. This will incorporate concerns previously raised by commissioners about issues identified through the National Cancer Patient Experience Survey & the National Bowel Cancer Audit. • Royal Free – A moderate harm has been reported in Urology; this will be under further investigation. The patient was a shared patient with UCLH and has now developed secondaries so more scrutiny will take place to see if this attributable to the delayed transfer. <p>AD reported concerns about the results in the NMUH and would raise those concerns with Deborah Wheeler at the Trust.</p> <p>RM commented that NMUH are due to report progress of the development of action plan in April. BP commented further that the last six NMUH CQRG meetings reported on this in the action plan.</p> <p>AD recommended that, in light of cancer performance, commissioners should request ‘walk the pathway’ visits to both NMUH and RFL Cancer departments.</p> <p>RESOLVED: The Quality & Safety Committee noted the report.</p>	
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<p>4.0</p> <p>4.1</p>	<p>Enfield CCG Quality Assurance</p> <p>Continuing Healthcare M5 – 8 Report Barbara Korszniak (BK) presented the Continuing Healthcare Q3 2016/17 (September – December 2016) report.</p> <p>The main points from the discussion were as follows:</p> <ul style="list-style-type: none"> • Personal health budget processes in the Enfield CHC department have been commended by NHSE. • A breakdown of personal health budget patients by ethnicity identifies that there are no differences. This highlights that there is no discrimination evident • 75% of reviews were completed on time or in advance during Q3. Outstanding reviews will be completed in Q4 • No nursing care reviews are outstanding • The CHC team presented CHC k a full day training session in November which was well attended from both social care and health colleagues. Feedback was very positive from all attendees <p>CBG queried the progress of the report around CHC Governance processes. BK confirmed that the document is being finalised and can be brought to the Committee’s May meeting.</p> <p>CBG queried about validation of nurses. BK replied that the data is sent to Jahan Mahmoodi but this can also be supplied to CBG.</p> <p>ACTION: BK to present CHC Governance paper to May Q&S meeting</p> <p>RESOLVED: The Quality & Safety Committee;</p> <ul style="list-style-type: none"> ▪ Noted the paper ▪ Requested to see the CHC Governance paper at its May meeting 	<p>BK</p>
<p>5.0</p> <p>5.1</p>	<p>Patient Safety & Risk Management</p> <p>Quality & Safety Risk Register Vivienne Ahmad presented the Quality, Safety and Governance Risk Register.</p> <p>It was noted that Risk ID 423’s (Risk to quality and safety as a result of failure to deliver BEHMT CQC Improvement Plan) risk rating increased from 8 to 12 (likelihood increased from 2 to 3) in light of the Trust’s inability to provide Borough level evidence and assurance on CQC action plan implementation.</p> <p>KT recommended that the consolidated quality risk on the CCG Board Assurance Framework should be updated to reflect risk ID 423 given the presentation by the Trust earlier and Enfield CCG is the Lead Commissioner for the Trust</p> <p>ACTION: BP to update the consolidated risk on the BAF to reflect risk ID 423</p> <p>RESOLVED: The Quality & Safety Committee:</p>	<p>BP</p>

	<ul style="list-style-type: none"> • Discussed and reviewed the Risk Register • Noted the one extreme risk • Noted the escalated and downgraded risks in the report 	
6.0	<p>Committee Evaluation Checklist</p> <p>Members to complete and return to Vass Pyrkos.</p>	
7.0	<p>AOB</p> <p>BP requested approval from the Committee for the Information Governance (IG) Toolkit 2016 – 2017 submission to be signed off through a Chair’s Action as the paperwork was not due to be circulated by the NEL CSU team until 1 week before the 31st March 2017 submission date.</p> <p>RESOLVED: The Quality & Safety Committee agreed that the IG Toolkit submission would be approved under Chair’s Action.</p> <p>BP also informed the Committee that the Quality Accounts for BEHMHT would be signed outside of the meeting through Chair’s Action.</p> <p>KK informed the Committee about the outcome of the BMI Kings Oak CQC inspection, which requires improvement. An action plan for both the BMI Kings Oak and BMI Cavell sites would come to the next Q&S Committee meeting in May 2017.</p>	
	<p>Date of next meeting</p> <p>The date of the next meeting of the Quality and Safety Committee is Wednesday 3rd May 2017, 12.30 – 14.30, Committee Room, Holbrook House</p>	