



Chair's Report

Committee:	Patient Safety & Clinical Quality (PSCQ) Committee Chair's Report
Chair:	Sue Hayter, Governing Body Nurse Member
Presented by:	Sue Hayter
Submitted to:	NHS West Norfolk CCG Governing Body, 1st August 2019
Purpose of Paper:	For noting

1. Quality and assurance Dashboard

The PSCQ meeting on the 17th July 2019, was not held as the Senior members of the Quality Team were not available due to other urgent commitments. The members were asked to review the Quality and Assurance Dashboard, the Executive summary and Provider Indicator reports and to pass any comments to the meeting chair

The information in the dashboard is based on April and May 2019 data available as of the 10th July 2019.

The committee discussed in detail the level of assurance / information that this report contains for the Governing Body in relation to the following areas:

- The committee is able to assure that systems are in place to ensure that quality and patient experience processes are in place for all key providers and for commissioned services for which the West Norfolk CCG is the lead commissioner.
- The PSCQ will approve the minutes of the 20th June 2019 meeting at the August PSCQ..
- The assurance of commissioned providers is through the Service Performance & Quality Review Groups (SPQRGs).
- The Committee reviewed a short Part 2 section which contained items which are not subject to Freedom of Information requests.

The detailed discussion on the review of Providers did not take place, the assurance ratings therefore remain unchanged:

- **QEHKL**, following the publication on the 13th September 2018 of the CQC inspection report with an overall rating of Inadequate, there is no change to the assurance rating.
- **Norfolk & Suffolk Foundation Trust (NSFT)** following the CQC report published on the 1st August 2018 with an overall rating of Inadequate, there is no change to the assurance rating. AH from the WNCCG Quality Team is working with South Norfolk CCG
- **Norfolk Community Health and Care (NCH&C)**, their assurance rating increase to halfway along Green following their CQC Outstanding report, and maintaining the staff turnover at 5% and being on target with mandatory training and personal development plans.
- **EEAST**, the assurance rating is unchanged.
- **IC24**, the assurance rating unchanged
- **The Care Homes** assurance rating is unchanged, in respect of the 1 home rated as Inadequate and 2 care homes rated as Requires Improvement. The Quality team are working with the home and Norfolk County Council and the CQC to improve standards.
- **GP practices**, the assurance rating is unchanged at mid-point Green, all GP practices have been rated, with one practice as Outstanding and the remaining as Good by the CQC.

2. Review of Risk Registers – Heather Farley

- Governing Body Assurance Framework – no changes to the 3 risks for the PSCQ rated as significant
- Corporate Risk Register – no changes to the 8 risks, 2 of which are significant.

3. The Learning Disability Mortality Review (LeDeR) – summary by Hilary Mottishaw

- The LeDeR programme is making progress, but has a considerable way to go so that learning translates into effective action.
- Support to the programme includes additional funding from NHSE&I
- Commitment to focus on reducing healthcare inequalities for people with LD across various areas (to include constipation, respiratory disease and sepsis)
- Local learning from the LeDeR reviews has led to service changes, by opening conversations with wide range of professionals. In relation to national learning NHSE&I has set up learning into an action collaborative to coordinate the national responses and review learning.

4. Transformation of Care – June 2019 update

No changes to report, no in-patients in West Norfolk and 3 patients funded by NHSE with discharge dates of 2020 and 2023.

5. Summary of Serious Incidents (SIs) – Sarah-Jane Ward

- Due to the number (3) of incidents within maternity / obstetrics department at the QEHKL, a quality visit took place on the 11th July, the report on the visit will be discussed at the August PSCQ meeting.
- An increase of pressure ulcers being reported by NCH&C, are all at a lower level and under the national guidance do not need to be reported as SIs.

6. Quarter 1 summary of complaints – Sarah-Jane Ward

- For information

8. **Date of the next Wednesday 21st August 2019** at WNCCG Offices.

KEY RISKS (in relation to CCG strategic objectives and statutory duties)

Clinical & Quality:

The Committee reviews mitigation with clinical quality risks as part of provider performance discussions, alongside the Patient Safety & Clinical Quality Committee.

Finance and Performance:

The Committee's role is to review the effectiveness of mitigation strategies for all (insert name of Committee) risks..

Reputation:

The Committee reviews the impact of risks on CCG's reputation as part of its role.

Any risks not properly identified or mitigated could have a significant impact on the reputation of the CCG.

Legal:

The Committee reviews the CCG's ability to meet statutory obligations.

Patient focus:

The Patient Safety and Clinical Quality Committee reviews mitigation with clinical quality risks as part of provider performance discussions.

Information Governance:

The PSCQ Committee monitors Information Governance risks and reports any significant issues to the Governing Body.

Conflicts of Interest:

Conflict of Interest risks are monitored by the PSCQ Committee and reports any significant issues to the Governing Body.

Equality Impact Assessment:

The PSCQ Committee ensures a consistent approach to funding of healthcare for all patients.

Reference to relevant risk on the Governing Body Assurance Framework:

All Quality risks on the GBAF are reviewed monthly.

RECOMMENDATION:

The Governing Body/Committee is asked to note the Chair's report.