

**Minutes of the Quality Assurance Group (QAG)**

**Thursday 10th June 2021**

|  |  |
| --- | --- |
| **Present:** |  |
| Dr Liz Dawson | Medical Director of Primary Care |
| Joanne Alder-Pavey | Quality & Compliance lead |
| Nicola Hoad | Service Development Manager |
| Duncan Trathen | Lead GP NTP |
| Matthew Burridge | GP and Clinical Lead HE1 |
| Sultan Ahmed | Practice Manager Outreach |
| Emma Dirken | Lead Nurse Practice Manager HE1 and Greenhouse |
| Duncan Gilbert | Head of Quality Assurance |
| Ella Webster | Quality Assurance Manager |
| **In attendance:** |  |
| Marion Savariaud | Executive assistant – Minute taker |
| **Apologies:** |  |
| Marina Muirhead | Primary Care Director |
| Mohit Venkataram | Executive Commercial Director |
| Farah Paruk | Lead GP |
| Louise Little | Practice Manager NTP |
| Dorothy Briffa | Clinical Lead GP at Greenhouse |
| Louise Cole | Practice Manager LRS |

*Note: The minutes are presented in the order of the Agenda.*

|  |  |
| --- | --- |
| **1** | **Welcome/Introductions/Apologies** |
| 1.1 | Liz Dawson welcomed everyone and apologies were noted. |
| **2** | **Minutes and actions of previous QAG Meeting** |
| 2.1 | The minutes of the previous meeting were approved and all actions agreed as completed or started. Liz asked for all PMs and Leads to remind everyone that “celebrating the good stuff” is still there and needs to be completed as much as possible. |
| **3** | **Matters Arising** |
| 3.1 | Nothing to be discussed on that occasion. |
| **4** | **Safety** |
| 4.1 | Joanne shared the safety report with the group. Main highlights:   * Report based from May data * Reminder to all to use the “celebrating the good stuff”. No data received for May. Joanne added the link and the QR codes * Datix incidents – reporting remains low as well as patients death reporting. A lunch and learn on reporting deaths will take place tomorrow. * Training compliance across directorate – slowly going up. Nicola will create a run chart starting from next month. Joanne is aware they are issues with training compliance still and people not being mapped properly across the directorate.   Liz mentioned that the issues around training and mapping for the directorate are still a work in progress and proving a challenge. They are hoping to get a Learning & Development Lead for Primary Care at some point. They will want this person to really look at this in great details and get staff properly mapped. They will look at staff groups as well as individual staff and continue to work with the L&D team to get that right.   * Sickness data – it has been noted that all directorates are starting to see a bit more sickness (probably related to people being more and more tired) * Risk registers – Joanne asked everyone to review them again so she can pull a small report for July’s DMT. * Complaints – 3 are recorded * No formal compliments recorded at corporate level (Joanne sent out the process for recording compliments centrally) * Patient’s experience – PREM report. Data from January to May is stable but numbers still quite small. * 13 incidents recorded on Datix in May * Two 48h report requested – both in relations to hygiene and one is an ongoing investigation. * No new SI |
| 4.2 | Datix  DMT away day – Liz mentioned they had a discussion around incident reporting generally and how challenging the form is to complete. They talked about simplifying the form and getting rid of all the mental health questions. They also proposed having an option at the end of the datix form about lessons learned.  **Action: Duncan Gilbert to liaise with Joanne Sims in regards to designing a more user-friendly primary care incident reporting form.**  Liz suggested using this as a QI project. People in Primary Care are invested in trying to get this process better and improved. They could try it out easily and see if it improves safety processes and incident reporting. |
| **5** | **Serious incidents (Sis)** |
| 5.1 | There has been an SI (Death in the service – completed suicide of a service user who was cared for by the Mental health team and by Cauldwell).  Liz attached a draft SI report to the papers for the group to see the process and have an idea of what happens. The SI reviewers go through the case in very great details and break it down to small steps to see what has happened and do a root cause analysis.  It then goes for final approval before it is presented at the SI Committee once a month. Any lessons that can be learned are shared there.  Primary care involvement in that SI was minimal. There were no points of action for Primary care or any sort of quality or provision issues. |
| **6** | **Lessons learned from complaints** |
| 6.1 | Liz would like to find a way to tie up Datix with the Lessons learned process.  It is recognised that most times people report an incident; they already have a good understanding of what has gone wrong.  There have been no lessons learned forms submitted this month which is probably related to the fact that the incident reporting form is already quite laborious. |
| 6.2 | Emma mentioned that the lessons learned form felt laborious. Liz reassured everyone that PMs are welcomed to simplify it or change it.  **Action: Practices teams’ to have a look at the Lessons learned form and redesign to suit their needs. Duncan to include this work as part of the Datix form work to be done with Joanne Sims.** |
| **7** | **CAS Alerts** |
| 7.1 | The following Trust wide alerts were received and discussed with the teams:   * Clinical Alert No 14 - Use of Clozapine When Someone Has COVID * Clinical Alert No 15 : Ingested Super Strong Magnets - Medical Management * Clinical Alert No 16 : Manufacturer Advice on 3rd Edition T3 Ambulatory Syringe Pumps * Clinical Alert No 17 - Clinical Alert: Clinell Universal Wipes – Urgent Recall * Clinical Alert No 18 - Valproate in FEMALES |
| **8** | **Safeguarding** |
| 8.1 | Nothing has been raised regarding safeguarding. |
| **9** | **People participation and patient experience** |
| 9.1 | Joanne went through the PREM report. The main highlights were:   * 127 PREM responses received in May (Congratulations to HE1 and its admin team) * Individual practice responses – Liz would want the report to reflect from “best to worse”/ left to right.   Generally, patients seems very happy and getting good access across the three East London practices. They are not so much in Bedfordshire. |
| **10** | **QI Update** |
| 10.1 | National time for care training programmes  Liz sent an email around about the National time for care training programmes that people can access.  In-house QI training  This is starting in July – Once a month QI training programme (each session last 2 hours). Running from July up to December 2021. The idea is to bring people from across our teams and show them how to do a QI project from start to finish. How to write an aim? Coaching available in smaller groups. How to measure things? Etc.  This is open to everyone but there is limited capacity due to few coaches available.  **Action: In-house QI training – People to express their interest asap.** |
| **11** | **Clinical effectiveness** |
| 11.1 | Nothing discussed. |
| **12** | **NICE Guidance** |
| 12.1 | Farah is leaving LRS at the end of July. Liz will be stepping up as the NICE guidance Lead for the Directorate until somebody else is interested. |
| **13** | **Clinical policies** |
| 13.1 | Liz shared a document with the group, showing all the amazing work done by all the PMs and Joanne Alder-Pavey on all the policies that have been reviewed and sorted out for primary care so far. She is very pleased with that and thanked everyone involved.  There are still a few Clinical policies to be reviewed. No progress has been made so far.  The group had a discussion around clinical policies and the difficulty to have the clinical capacity to properly and formally review and even write policies from scratch if needed.  The decision was made to take as pragmatic view as possible because it is difficult to recruit GP locums to backfill GPs to free up their time (particularly over the summer holidays).  Liz will try to look at some of the policies herself and she will send out the ones she is concerned about or need consensus across practices. |
| **14** | **Policies for sign off** |
| 14.1 | * Audio Visual Recording Policy 1.3 * Carers Policy * Chaperone Policy – Primary Care * Patient Registration Policy – Primary Care * Medical Devices Policy 4.0   All these policies have been through a review process and the group is happy with them all. |
| 14.2 | * Flow chart – How should policies be disseminated and embedded into practice?   The flowchart is a simple example of what happens once a policy has been reviewed. This is a step by step guide.  Emma suggested having the agreed policies attached to the minutes of the QAG meetings.  Liz reminded everyone about the soon to come primary care web page that will be accessible to every staff member and password protected. All the policies will be stored centrally there and accessible to everybody.  It was agreed that the spreadsheet will be sent around after each review stating which policies are now applicable and a reminder that they will be available on the primary care webpage as of next month.  **Action: Joanne Alder-Pavey will amend the policy tracker to reflect all the policies completed, and attach them all in a zip folder. All in one place.** |
| 14.3 | Next steps  It was agreed that Joanne will send around to all the Lead GPs, lead Nurses and practice Managers, the Excel list of every policies that have been done with a zipped file of all these.  Anything new from that point will have to go through the same policy review group but will be sent out and added to this list only when ready to go to practice level. Once on the spreadsheet, the policies can be discussed at the local CGMs for people to be aware. |
| **15** | **Service Clinical Governance meetings** |
| 15.1 | Liz thanked everyone who submitted their minutes. She asked Duncan from NTP to send their minutes to be kept centrally.  . |
| **16** | **AOB** |
| 16.1 | Standardised appointments categories  Reminder that it needs to be done by the 26th June.  Greenhouse have been done. HE1 and NTP are almost complete. |
| 16.2 | Clinical audits  All of the medicine safety audits have been given a go and are working well so far.  Resuscitation audit is also ready.  The QA team will soon be sending out the full details, schedule and links to the practice Managers, Lead GPs and Lead Nurses reminding them that only one person needs to do the audits.  Liz suggested the East London teams to get their clinical pharmacist to do it.  Emma mentioned they do not have a pharmacist and asked whether they could get any help with this. Liz suggested the possibility to get a senior pharmacist to cover the whole directorate.  She recognises there is a need for it and will need to think of ways to fund that role. One option being to take out a bit of the clinical budgets everywhere but based on the list size.    **Action: Duncan Gilbert /QA team to copy Joanne in when sending the request for audits around.** |