

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

**Thursday 8th July 2021**

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| **Present:** |  |
| Dr Liz Dawson  | Medical Director of Primary Care  |
| Marina Muirhead | Primary Care Director |
| Joanne Alder-Pavey | Quality & Compliance lead |
| Nicola Hoad | Service Development Manager |
| Ade Adewumni | Freedom to speak up Guardian |
| Louise Little | Practice Manager NTP |
| Gautam Bagga | Clinical Lead at CMC |
| Duncan Trathen | Lead GP NTP |
| Matthew Burridge | GP and Clinical Lead HE1 |
| Sultan Ahmed | Practice Manager Outreach and People Participation lead for east London |
| Ella Webster | Quality Assurance Manager |
| **In attendance:** |  |
| Marion Savariaud | Executive assistant – Minute taker |
| **Apologies:** |  |
| Mohit Venkataram | Executive Commercial Director |
| Farah Paruk | Lead GP |
| Debbie Neville |  |
| Emma Dirken | Lead Nurse Practice Manager HE1 and Greenhouse |
| Dorothy Briffa | Clinical Lead GP at Greenhouse |
| Louise Cole | Practice Manager LRS |

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

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| **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 were accepted as an accurate record. All previous actions have either been completed or in the process of being completed. |
| **3** | **Matters Arising** |
| 3.1 | No items to discuss on this occasion. |
| **4** | **Safety** |
| 4.1 | Joanne Alder-Pavey presented her Quality report. The main highlights:* “Celebrating the good stuff” has been left as a reminder for people to use
* Datix incidents remain low. Lunch & learn took place on the 11th June but not many people attended.

**Action: Marion to set another date for JAP to present Lunch & Learn on Datix at a more suitable time for clinicians.*** Training compliance is going up – 81.4% on 23rd June. Weekly reports have not come through for the past two weeks but JAP will query this with Shade. Liz reminded all that there is still an ongoing piece of work around mapping primary care staff to Statutory and Mandatory trainings appropriately.
* No sickness data published in June. Data only goes up to end of May.
* Dashboard with vacancies and turnover has been created. Average turnover rate is 11.65%.

**Action: Vacancy turnover rate – JAP to benchmark the primary care directorate’s average against the Trust’s.*** Risk registers are currently under review. End of June deadline – JAP received 5 and currently chasing the last one. Full report will be provided at DMT.
* Five complaints – no formal compliments recorded. JAP struggling to get information from people who are investigating complaints. She really needs these people to keep her updated on what is happening once the complaint has been logged onto Datix. The problem is mainly with the Bedfordshire practices and Liz suggested trying to improve the processes there.

**Action: JAP to be provided updates from complaints - Liz and Joanne to take this conversation offline with the Bedfordshire practice teams.*** Patient experience – PREM report to be discussed
* 26 incidents recorded on Datix and two 48h report requested
* One duty of candour requested, done verbally at the time. JAP waiting on more information.
* One SI which is now closed. No actions for primary care.
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| 4.2 | Business continuity plans and risk registersMarina raised her concern that practices who produce them are not following them in terms of the escalation points within the business continuity. She does not think that the physical risk register is well embedded within practices. She described how well people will talk about certain risks (challenges/workforce) when asked but do not seem to recall most of them.Especially now they are preparing for CQC, Marina stressed the importance that staff at any level in the practice should be able to recall and name some of the risks on their practice register.Issues with clinical gapsMarina mentioned about the big issues with clinical gaps that have happened lately at HE1, Greenhouse and LRS. She explained that practices tend to email her and Liz first thing, but that under KLOE key line of enquiry 2.2 for safe domain; every practice is required to have a succession plan if there is short notice sickness gaps in workforce. At the moment, people seem to be triggering a directorate response when they should be managing the risk at their own service level.**Action: Directorate-wide work to be done around succession plans and processes to follow in case of clinical gaps/emergencies. There needs to be proper plans in place. Practices to give their risk register and business continuity plan a theoretical run out as a table top group exercise to test it so it becomes embedded within practices. Nicola and Joanne to organise two 2 hours sessions in September (BLMK and East London practices)**Liz reminded the Lead GPs that they should also be heavily involved with/and aware of the risk register and business continuity plan, even though it is produced by the practice Manager.**Action: Nicola to add reminders in the newsletter about risk registers and people knowing what is on them, and how they manage them.** |
| **5** | **Serious incidents (Sis)** |
| 5.1 | Liz explained there has been one SI with no actions for Primary Care. The draft report is available for people to see if they are interested in seeing how an SI process works. This SI will be going to the next SI Committee. GPs are welcomed to join Liz at this Committee.The SI was a death within service – completed suicide of a service user who was cared for by the Mental health team and by Cauldwell. There were no particular learning points for primary care and a few learning points on the mental health side. |
| 5.2 | Liz would want the whole directorate to undertake Suicide awareness training. They are currently looking at this on the key skills framework.  |
| **6** | **Lessons learned from complaints** |
| 6.1 | There has never been a completed lessons learned from complaints form sent to QAG.Liz reminded the group that it was previously suggested to incorporate a lessons learned module at the bottom of the Datix form, which is currently undergoing a redesign. The purpose would be for lessons learned to be collated together by Datix, which could then be brought to QAG.Joanne Alder-Pavey clarified that there is already a lessons learned section on the Datix complaints module but that it would be great if the Datix incident module could have the same.**Action: Ella to have a conversation with Duncan, JAP and Katherine at LRS in terms of redesigning Datix and making the forms work better and easier for everyone.** |
| **7** | **CAS Alerts** |
| 7.1 | The following Trust wide alerts were received and discussed with the teams:* Clinical Alert 20 - Personal Protective Equipment and Heat
* Champix (Varenicline) 0.5mg And 1mg Tablets - Supply Disruption
* Clinical Alert 21 - Philips Ventilator, CPAP and BiPAP Devices - Potential for Patient Harm
* Clinical Alert: Myocarditis & Pericarditis with Pfizer or Moderna
* Chief Medical officer alert – high circulating levels of respiratory syncytial virus in children.
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| **8** | **Safeguarding** |
| 8.1 | Nothing discussed on this occasion. |
| **9** | **People participation and patient experience** |
| 9.1 | National patient survey results* Results came out today, very good results and lots of improvements made
* The link has been circulated by Marina, all welcomed to have a look at their results

**Action: Practices to work on a plan on how they will respond to their national patient survey results by September’s QAG. Good idea to discuss with their patient group. Sultan will look at the three east London practices.** |
| 9.2 | Joanne presented the PREM report. The main highlights were:* Overall, practices have had small numbers of patients doing the surveys
* Results are really skewed
* Important to make sure PREM survey becomes part of custom practice and available to patients at all times.
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| **10** | **QI Update** |
| 10.1 | There are lots of activities going on at the moment:* Demands and Capacity projects in LRS and CMC
* Dialog project at LRS
* Enjoying work project at Newham led by Louise Little
* Mental health project at LRS
* Admin teams at Greenhouse and CMC are working with productive general practice quick start on QI
* QI training programme starting in August
* Improvement Leaders programme ongoing
* Improvement coaching programme (No applications received so far, Liz will send around again in case people can sign up)
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| **11** | **Clinical effectiveness** |
| 11.1 | Nothing to discuss on that occasion. |
| **12** | **NICE Guidance** |
| 12.1 | The following NICE guidance came out this month and were relevant to primary Care. Liz discussed them with the group. Liz reminded the group that she is currently the NICE guidance lead as Dr Paruk is leaving at the end of July and we don’t currently have another clinician with capacity to take this on. * COVID-19 rapid guideline: managing COVID-19
* Heavy menstrual bleeding: assessment and management
* Headaches in over 12s: diagnosis and management
* COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response.
* COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response.
* Epilepsies: diagnosis and management
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| **13** | **Clinical policies** |
| 13.1 | Liz discussed them with Duncan, Matthew and Peter. They are very short on clinical time at the moment, therefore Liz is trying to go through some of the policies herself whenever she can.These will then be circulated for people to have a read through and to be signed off.A big chunk of non-clinical policies that have been reviewed will come to next month’s QAG.JAP will hold a central repository. All these will also go on the website once it goes live. |
| **14** | **Policies for sign off** |
| 14.1 | The following policies have been presented and signed off:* DSE Policy v5.0
* Flood plan 1.3
* Major incident communications strategy and plan v2.4
* Sharps container procedure
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| **15** | **Service Clinical Governance meetings** |
| 15.1 | Each of the services have a monthly clinical governance meeting chaired by the clinical lead.Liz explained that she does not need to have the minutes of these meetings coming to QAG. * Liz happy for practices to stop submitting their minutes to QAG each month if she is given the assurance that their CGMs are taking place and that the minutes are available for her or CQC to access if needed.
* Practices to continue to use the agenda template provided for their CGMS to make sure they cover all the things that CQC would be expected.
* Practices to keep their minutes in-house
* Gautam will keep on emailing their minutes to Liz for record keeping and assurance.

The group agreed for the CGM minutes to stop coming to QAG going forward. |
| **16** | **AOB** |
| 16.1 | Noticeboards in every practiceMarina reminded everyone that their noticeboard needs to be visible to patients in every practice with the “you said, we did” |
| 16.2 | Directorate wide audit cycleElla explained that the audit cycle started this week but the group did not all receive the email.Liz reminded everyone that there is one audit around resus equipment and others are drug audits. The pharmacists in Bedfordshire will be running the audits there. Duncan Trathen will check whether their PCN pharmacist can run the Emis search for them.The two weeks turnaround is too short for the teams. Liz asked Ella to change it to four weeks turnaround instead. For all services.**Action: Ella to speak to Duncan about the four weeks’ turnaround for the cycle audit and get back to Liz asap. New email to be sent to the services explaining there is a new deadline.** |